



# Report Of Direct Campaign Expenditures: Schedule ATX.1

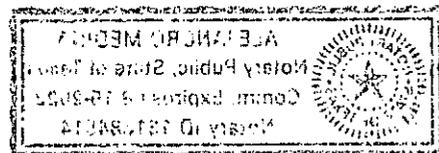
(Previously Independent Expenditures not by a Candidate)

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DEC 3 '18 PM5:07**

|   |   |
|---|---|
| <p>1</p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></p> <p><input type="checkbox"/> Filer is an individual</p> | <p>Committee or Organization Name*</p> <p>CAFPAC</p>  |
| <p>2</p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>   | <p>Address/ PO Box* <span style="float:right">Apartment or Suite Number</span></p> <p>4701 Gillis St. <span style="float:right"></span></p> <p>City* <span style="float:right">State*</span> <span style="float:right">Zip Code*</span></p> <p>Austin <span style="float:right">TX</span> <span style="float:right">78745</span></p>    |
| <p>3</p> <p><b>COMMITTEE TREASURER NAME (if applicable)</b></p>   | <p>Title <span style="float:right">First Name</span> <span style="float:right">Middle Initial</span></p> <p><span style="float:right">Jeffrey</span> <span style="float:right"></span></p> <p>Last Name <span style="float:right">Suffix</span></p> <p>Hahn <span style="float:right"></span></p>                                       |
| <p>4</p> <p><b>COMMITTEE TREASURER ADDRESS (if applicable)</b></p>  | <p>Address/ PO Box <span style="float:right">Apartment or Suite Number</span></p> <p>4200 Marathon Blvd. <span style="float:right">300</span></p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span></p> <p>Austin <span style="float:right">TX</span> <span style="float:right">78756</span></p> |
| <p>5</p> <p><b>REPORT DATE</b></p>  | <p>Date Filed (yyyymmdd)*</p> <p>20181201</p>   |

\* Indicates a required field





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(Previously Independent Expenditures not by a Candidate)

## 6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 12/3/18



AFFIANT'S SIGNATURE

Andrew Cates

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Andrew Cates

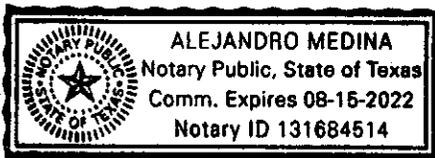
On the 3<sup>rd</sup> day of December, 2018, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary















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(Previously Independent Expenditures not by a Candidate)

# Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

|  |  |
|--|--|
| <p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input checked="" type="checkbox"/> Contributor is an individual</p> | <p>Contributor Title    Contributor First Name*</p> <p><input type="text"/>    <input type="text" value="Sean"/></p> <p>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix</p> <p><input type="text" value="Bukowski"/>    <input type="text"/></p>  |
| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>   | <p>Contributor Address/ PO Box*    Contributor Apartment or Suite Number</p> <p><input type="text" value="1601 Rio Grande St"/>    <input type="text" value="300A"/></p> <p>Contributor City*    Contributor State*    Contributor Zip Code*</p> <p><input type="text" value="Austin"/>    <input type="text" value="TX"/>    <input type="text" value="78701"/></p> <p>Contributor Employer*    Contributor Occupation*</p> <p><input type="text" value="Self"/>    <input type="text" value="Lawyer"/></p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>   | <p>Contribution Date (yyyymmdd)*    (\$) Contribution Amount*</p> <p><input type="text" value="20181129"/>    <input type="text" value="\$10,000.00"/></p>   |



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|   |   |
|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title    Contributor First Name*<br><input type="text"/> <input type="text" value="Kevin"/><br><br>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix<br><input type="text" value="Burns"/> <input type="text"/>  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*    Contributor Apartment or Suite Number<br><input type="text" value="801 W 5th St"/> <input type="text" value="100"/><br><br>Contributor City*    Contributor State*    Contributor Zip Code*<br><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/><br><br>Contributor Employer*    Contributor Occupation*<br><input type="text" value="Urban Space Realtors"/> <input type="text" value="Real Estate"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*    (\$) Contribution Amount*<br><input type="text" value="20181030"/> <input type="text" value="\$500.00"/>   |



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|   |   |
|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Jose"/><br><br>Organization Name or Contributor Last Name, as applicable* <input type="text" value="Carillo"/> Contributor Suffix <input type="text"/>   |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box* <input type="text" value="3807 Toro Canyon"/> Contributor Apartment or Suite Number <input type="text" value="#8"/><br>Contributor City* <input type="text" value="Austin"/> Contributor State* <input type="text" value="TX"/> Contributor Zip Code* <input type="text" value="78746"/><br>Contributor Employer* <input type="text" value="NALED"/> Contributor Occupation* <input type="text" value="Non-Profit Manager"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)* <input type="text" value="20181113"/> (\$) Contribution Amount* <input type="text" value="\$20.00"/>  |



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|   |  |
|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title    Contributor First Name*<br><input type="text"/> <input type="text" value="Ralph"/><br><br>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix<br><input type="text" value="Ismael"/> <input type="text"/>  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*    Contributor Apartment or Suite Number<br><input type="text" value="3009 N Lamar Blvd"/> <input type="text"/><br><br>Contributor City*    Contributor State*    Contributor Zip Code*<br><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78705"/><br><br>Contributor Employer*    Contributor Occupation*<br><input type="text" value="MidTown Title"/> <input type="text" value="Lawyer"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*    (\$) Contribution Amount*<br><input type="text" value="20181113"/> <input type="text" value="\$250.00"/>  |



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|   |  |
|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title    Contributor First Name*<br><input type="text"/> <input type="text" value="Paul"/><br><br>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix<br><input type="text" value="Newman"/> <input type="text"/>   |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*    Contributor Apartment or Suite Number<br><input type="text" value="809 Cuernavaca Dr. N"/> <input type="text"/><br><br>Contributor City*    Contributor State*    Contributor Zip Code*<br><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78733"/><br><br>Contributor Employer*    Contributor Occupation*<br><input type="text" value="Thrive FP"/> <input type="text" value="Real Estate"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*    (\$) Contribution Amount*<br><input type="text" value="20181030"/> <input type="text" value="\$350.00"/>  |



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|   |   |
|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title    Contributor First Name*<br><input type="text"/> <input type="text" value="Randi"/><br><br>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix<br><input type="text" value="Shade"/> <input type="text"/>  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO.Box*    Contributor Apartment or Suite Number<br><input type="text" value="1822 W. 10th St"/> <input type="text"/><br><br>Contributor City*    Contributor State*    Contributor Zip Code*<br><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/><br><br>Contributor Employer*    Contributor Occupation*<br><input type="text" value="Self"/> <input type="text" value="Consultant"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*    (\$) Contribution Amount*<br><input type="text" value="20181030"/> <input type="text" value="\$100.00"/>   |



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|  |   |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
|--|---|------------------------------------|---------------------------------------|---------------------------------------|---|----------------------|--|-------------------|--------------------|-----------------------|-------------------------------------|---------------------------------|------------------------------------|-----------------------|-------------------------|--|----------------------------------|----------------------------------|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Associated Builders &amp; Contractors PAC"/>  |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | <table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="2600 Longhorn Blvd"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78758"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="N/A"/></td> <td colspan="2"><input type="text" value="N/A"/></td> </tr> </table> | Contributor Address/ PO Box*       | Contributor Apartment or Suite Number |                                       | <input type="text" value="2600 Longhorn Blvd"/> | <input type="text"/> |  | Contributor City* | Contributor State* | Contributor Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78758"/> | Contributor Employer* | Contributor Occupation* |  | <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |  |
| Contributor Address/ PO Box*   | Contributor Apartment or Suite Number   |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <input type="text" value="2600 Longhorn Blvd"/>  | <input type="text"/>  |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| Contributor City*  | Contributor State*  | Contributor Zip Code*              |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <input type="text" value="Austin"/>  | <input type="text" value="TX"/>   | <input type="text" value="78758"/> |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| Contributor Employer*  | Contributor Occupation*   |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <input type="text" value="N/A"/>   | <input type="text" value="N/A"/>  |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | <table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20181030"/></td> <td><input type="text" value="\$1,000.00"/></td> </tr> </table>   | Contribution Date (yyyymmdd)*      | (\$) Contribution Amount*             | <input type="text" value="20181030"/> | <input type="text" value="\$1,000.00"/>         |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| Contribution Date (yyyymmdd)*  | (\$) Contribution Amount*   |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |
| <input type="text" value="20181030"/>  | <input type="text" value="\$1,000.00"/>   |                                    |                                       |                                       |   |                      |  |                   |                    |                       |                                     |                                 |                                    |                       |                         |  |                                  |                                  |  |



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|  |   |  |
|--|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Rivendale Homes Texas, LLC                                    |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br>1114 Lost Creek Blvd<br><br>Contributor City*<br>Austin<br><br>Contributor Employer*<br>N/A | Contributor Apartment or Suite Number<br>200<br><br>Contributor State*<br>TX<br>Contributor Zip Code*<br>78746<br><br>Contributor Occupation*<br>N/A |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20181119   | (\$) Contribution Amount*<br>\$5,000.00  |

[Add Another Contribution Page](#)