





# Report Of Direct Campaign Expenditures: Schedule ATX.1

(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: 12/04/2018  
[Signature]

AFFIANT'S SIGNATURE

Geoffrey Tahuahua

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Geoffrey Tahuahua

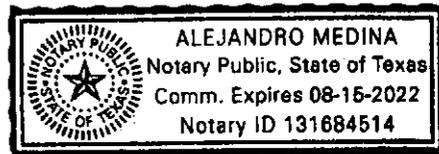
On the 4<sup>th</sup> day of December, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary













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# 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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Bukowski Law Firm PC"/>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="1601 Rio Grande St."/>	Contributor Apartment or Suite Number <input type="text" value="Suite 300A"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78701"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="N/A"/>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181127"/>		(\$) Contribution Amount* <input type="text" value="\$25,000.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Jeffrey"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Coddington"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="245 Del Monte Ave."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Los Altos"/> <input type="text" value="CA"/> <input type="text" value="94022"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Jill"/> <input type="text" value="Broker"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181101"/> <input type="text" value="\$500.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Gary	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Farmer		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		309 Lake Cliff Trail		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78746
		Contributor Employer*	Contributor Occupation*	
		Heritage Title	President	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20181108		\$5,000.00



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Heritage Title Company of Austin, Inc."/>			
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="401 Congress Ave"/>	Contributor Apartment or Suite Number <input type="text" value="Suite 1500"/>	Contributor City* <input type="text"/>  Contributor State* <input type="text"/>	Contributor Zip Code* <input type="text"/>  Contributor Occupation* <input type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181108"/>		(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>	



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="First Capitol Title Company"/>						
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="401 Congress Ave."/>	Contributor Apartment or Suite Number <input type="text" value="Ste. 1500"/>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78701"/>	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="N/A"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181108"/>		(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>				



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Laura"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Beuerlein"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="2605 Woodmont Ave."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Heritage Title Company"/> <input type="text" value="Executive VP of Marketing"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181108"/> <input type="text" value="\$5,000.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Austin Police Association PAC"/>						
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="5817 Wilcab Rd"/>	Contributor Apartment or Suite Number <input type="text"/>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78721"/>	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="N/A"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181108"/>		(\$) Contribution Amount* <input type="text" value="\$7,500.00"/>				



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Austin Board of Realtors PAC"/>						
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="4106 Medical Parkway"/>	Contributor Apartment or Suite Number <input type="text"/>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78756"/>	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181108"/>		(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>				



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Manifold RE, LLC"/>																		
<b>2</b>  <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="8140 N. Mopac Expressway"/></td> <td colspan="2"><input type="text" value="Suite 4-145"/></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="78745"/></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="8140 N. Mopac Expressway"/>	<input type="text" value="Suite 4-145"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78745"/>	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="8140 N. Mopac Expressway"/>	<input type="text" value="Suite 4-145"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78745"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A/"/>	<input type="text" value="N/A"/>																		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20181126"/></td> <td><input type="text" value="\$2,500.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181126"/>	<input type="text" value="\$2,500.00"/>														
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<input type="text" value="20181126"/>	<input type="text" value="\$2,500.00"/>																		



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Texas Disposal Systems Inc."/>																		
<b>2</b>  <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="PO Box 17126"/></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="78760"/></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="PO Box 17126"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78760"/>	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="PO Box 17126"/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78760"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A/"/>	<input type="text" value="N/A"/>																		
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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Peter"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Cesaro"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="54 Rainey St."/> <input type="text" value="Apt. 713"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/>  Contributor Employer*    Contributor Occupation* <input type="text"/> <input type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181127"/> <input type="text" value="\$1,000.00"/>



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1	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Robert"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Shands"/> Contributor Suffix <input type="text"/>
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="2525 South Lamar Blvd."/> Contributor Apartment or Suite Number <input type="text" value="#304"/>
		Contributor City* <input type="text" value="Austin"/> Contributor State* <input type="text" value="TX"/> Contributor Zip Code* <input type="text" value="78704"/>
		Contributor Employer* <input type="text" value="RedLeaf Properties"/> Contributor Occupation* <input type="text" value="Partner"/>
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181127"/> (\$) Contribution Amount* <input type="text" value="\$500.00"/>

[Add Another Contribution Page](#)