



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT  
OCT 18 '19 PM 2:35

<p><b>1</b></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>PHAM PAC</p>
<p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>	<p>Address/ PO Box* <span style="float: right;">Apartment or Suite Number</span></p> <p>PO BOX 152637 <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;">78715</span></p>
<p><b>3</b></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;">CODY</span> <span style="float: right;"></span></p> <p>Last Name <span style="float: right;">Suffix</span></p> <p>COWAN <span style="float: right;"></span></p>
<p><b>4</b></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>1201 BROADMOOR DRIVE <span style="float: right;">120</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;">78723</span></p>
<p><b>5</b></p> <p><b>REPORT DATE</b></p>	<p>Date Filed (yyyymmdd)*</p> <p>20191018</p>

\* Indicates a required field



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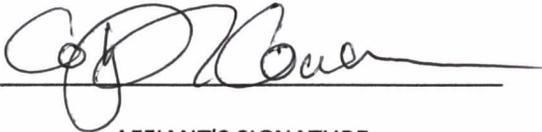
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## 6 AFFIDAVIT

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: 10-18-19



AFFIANT'S SIGNATURE

CODY R COWAN

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Cody R. Cowan

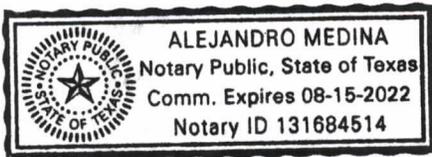
On the 18 day of October, 2019, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary







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# 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Jonathan"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Coon"/> <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="3939 Bee Caves Road"/> <input type="text" value="C-100"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Impossible Ventures"/> <input type="text" value="CEO"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20191005"/> <input type="text" value="\$10,300.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Tom"/>  Organization Name or Contributor Last Name, as applicable* <input type="text" value="Stacy"/> Contributor Suffix <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="7600 Capital of Texas Hwy"/> 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="78731"/> Contributor Employer* <input type="text" value="CapRidge Partners"/> Contributor Occupation* <input type="text" value="Co-Founder"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191016"/> (\$) Contribution Amount* <input type="text" value="\$1,000.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title		Contributor First Name*	
		<input type="text"/>	<input type="text" value="Tom"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Noonan"/>		<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="12031 Pleasant Panorama View"/>		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78738"/>
		Contributor Employer*		Contributor Occupation*	
		<input type="text" value="Visit Austin"/>		<input type="text" value="CEO"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		<input type="text" value="20191014"/>		<input type="text" value="\$1,000.00"/>	



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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*		
	Austin Hotel & Lodging Association		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>		<b>CONTRIBUTOR APARTMENT OR SUITE NUMBER</b>
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	PO Box 82431		
	Contributor City*	Contributor State*	Contributor Zip Code*
	Austin	TX	78708
	Contributor Employer*	Contributor Occupation*	
	n/a	n/a	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>		
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	20191014	\$5,000.00	

Add Another Contribution Page