Report Of Direct Campaign Expenditures: Schedule ATX.1
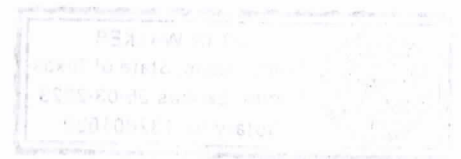
(Previously Independent Expenditures not by a Candidate)

1		
INDIVIDUAL OR ORGANIZATION NAME ☐ Filer is an individual	**Committee or Organization Name*** Austin United	

OCC RECEIVED AT
OCT 30 '19 AM 11:40

2		
INDIVIDUAL OR ORGANIZATION ADDRESS	**Address/ PO Box*** 3110 Manor Rd	**Apartment or Suite Number** Ste H
	City* Austin	**State*** TX **Zip Code*** 78723

3			
COMMITTEE TREASURER NAME (if applicable)	**Title**	**First Name** Derek	**Middle Initial**
	Last Name Ensign	**Suffix**	

4		
COMMITTEE TREASURER ADDRESS (if applicable)	**Address/ PO Box** 4710 Santa Anna St	**Apartment or Suite Number**
	City Austin	**State** TX **Zip Code** 78721

5	
REPORT DATE	**Date Filed (yyyymmdd)*** 20191030

* Indicates a required field

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: __10/30/19__

_____   ___Sabrina Sha___
AFFIANT'S SIGNATURE   PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

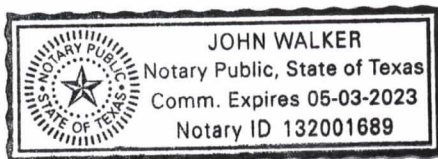This instrument was acknowledged, sworn to and subscribed before me by

___Sabrina Sha_____

On the ___30___ day of ___October___ , ___2019___ , to certify which witness my hand and official seal.

_____   ___John Walker___
Notary Public in and for the State of Texas   Typed or Printed Name of Notary

JOHN WALKER
Notary Public, State of Texas
Comm. Expires 05-03-2023
Notary ID 132001689

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1

PAYEE

NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Y Strategy

2

PAYEE

ADDRESS

Payee Address/ PO Box*

3110 Manor Rd

Payee Apartment or Suite Number

Ste H

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78723

3

EXPENDITURE

DETAILS

Category*

Salaries/Wages/Contract labor

($) Expenditure Amount*

$5,830.50

Description (If Category is "Other")

Expenditure Date*

20191029

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition A, opposed			

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME	
☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* Y Strategy

2 PAYEE ADDRESS		
	Payee Address/ PO Box* 3110 Manor Rd	Payee Apartment or Suite Number Ste H
	Payee City* Austin	Payee State* TX Payee Zip Code* 78723

3 EXPENDITURE DETAILS		
	Category* Consulting Expense	($) Expenditure Amount* $2,500.00
	Description (If Category is "Other")	Expenditure Date* 20191029

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, **as applicable**

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition A, opposed			

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1

PAYEE

NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Rindy Miller Media

2

PAYEE

ADDRESS

Payee Address/ PO Box*

2401 E. 6th Street

Payee Apartment or Suite Number

Suite 1007

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78702

3

EXPENDITURE

DETAILS

Category*

Advertising Expense

($) Expenditure Amount*

$10,000.00

Description (If Category is "Other")

Expenditure Date*

20191030

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition A, opposed			

Add Another Expenditure Page

Report Of Direct Campaign Expenditures: Schedule ATX.1

(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.

1		
CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title Contributor First Name*	
	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix

2		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	Contributor City*	Contributor State* Contributor Zip Code*
	Contributor Employer*	Contributor Occupation*

3		
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	($) Contribution Amount*

Add Another Contribution Page