

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 8		
	LAST; SUFFIX Texas Freedom Network	ACCOUNT # 00090569		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1624		Date Received ELECTRONICALLY FILED 04/27/2021	
	Austin, TX 78767		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	FILER OCCUPATION		FILER EMPLOYER	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	Date Processed		Date Imaged	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			

# Expenditure

FORM **ATX1EXPEND**

<b>1 FILER NAME</b> Texas Freedom Network	<b>2 FILER ID</b> 00090569	<b>3 Total pages Schedule ATX8EXPEND:</b>  Sch: 1/6 Rpt: 2/8
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<b>4 PAYEE NAME</b>	LAST FIRST MI The Movement Cooperative
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<b>5 PAYEE ADDRESS</b>	Payee address; apartment/suit#; City; State; Zip Code  PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH STREET  New York, NY 10001
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<b>6 EXPENDITURE DETAILS</b>	<b>(a) Category</b> Other	<b>(b) Description</b> Text/phone banking fees
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	<b>(c) Date</b> 04/26/2021	<b>(d) Amount (\$)</b> \$569.41
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<b>7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>	<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title	<b>(b) Ballot measure supported/opposed</b>  X (CHECK IF BALLOT MEASURE) Proposition B  OPPOSE
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	<b>(c) Office sought</b>	<b>(d) Office held</b>
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# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Texas Freedom Network		<b>2</b> FILER ID 00090569	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 2/6 Rpt: 3/8
<b>4</b> PAYEE NAME	LAST FIRST MI Facebook		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 04/26/2021	<b>(d)</b> Amount (\$) \$113.25	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  X (CHECK IF BALLOT MEASURE) Proposition B  OPPOSE	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Texas Freedom Network	<b>2</b> FILER ID 00090569	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 3/6 Rpt: 4/8
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<b>4</b> PAYEE NAME	LAST FIRST MI TriNet HR III, Inc
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<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  1 Park Place Suite 600  Dublin, CA 94568-7983
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<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Salaries/Wages/Contract Labor	<b>(b)</b> Description
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	<b>(c)</b> Date 04/26/2021	<b>(d)</b> Amount (\$) \$248.57
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<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  X (CHECK IF BALLOT MEASURE) Proposition B  OPPOSE
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	<b>(c)</b> Office sought	<b>(d)</b> Office held
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# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Texas Freedom Network	<b>2</b> FILER ID 00090569	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 4/6 Rpt: 5/8
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<b>4</b> PAYEE NAME	LAST FIRST MI The Movement Cooperative
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<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH STREET  New York, NY 10001
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<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Text/phone banking fees
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	<b>(c)</b> Date 04/26/2021	<b>(d)</b> Amount (\$) \$218.77
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<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  X (CHECK IF BALLOT MEASURE) Proposition C  SUPPORT
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	<b>(c)</b> Office sought	<b>(d)</b> Office held
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# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Texas Freedom Network		<b>2</b> FILER ID 00090569	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 5/6 Rpt: 6/8
<b>4</b> PAYEE NAME	LAST FIRST MI Facebook		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 04/26/2021	<b>(d)</b> Amount (\$) \$110.33	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  X (CHECK IF BALLOT MEASURE) Proposition C  SUPPORT	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Expenditure

FORM **ATX1EXPEND**

<b>1 FILER NAME</b> Texas Freedom Network	<b>2 FILER ID</b> 00090569	<b>3 Total pages Schedule ATX8EXPEND:</b>  Sch: 6/6 Rpt: 7/8
<b>4 PAYEE NAME</b>	LAST FIRST MI TriNet HR III, Inc	
<b>5 PAYEE ADDRESS</b>	Payee address; apartment/suit#; City; State; Zip Code  1 Park Place Suite 600  Dublin, CA 94568-7983	
<b>6 EXPENDITURE DETAILS</b>	<b>(a) Category</b> Salaries/Wages/Contract Labor	<b>(b) Description</b>
	<b>(c) Date</b> 04/26/2021	<b>(d) Amount (\$)</b> \$121.03
<b>7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>	<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title	<b>(b) Ballot measure supported/opposed</b>  <input checked="" type="checkbox"/> (CHECK IF BALLOT MEASURE) Proposition C  SUPPORT
	<b>(c) Office sought</b>	<b>(d) Office held</b>

# Report of Direct Campaign Expenditures:

## ATX.1

### AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.

Texas Freedom Network

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Signature of Filer