

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 11	
	LAST; SUFFIX Homes Not Handcuffs	ACCOUNT # 00090570	
	OFFICE USE ONLY		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9620 Covey Ridge Lane	Date Received ELECTRONICALLY FILED 04/27/2021	
	Austin, TX 78758	Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Imaged	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Heidi Sloan		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6104 North Hampton Rd. Austin, TX 78723		

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 1/6 Rpt: 2/11
4 PAYEE NAME	LAST FIRST MI Collective Campaigns		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 7537 Cameron Rd. Austin, TX 78752		
6 EXPENDITURE DETAILS	(a) Category Consulting Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$10,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 2/6 Rpt: 3/11
4 PAYEE NAME	LAST FIRST MI Littlefield Consulting		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code PO Box 90591 Austin, TX 78709		
6 EXPENDITURE DETAILS	(a) Category Polling Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$15,277.44	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 3/6 Rpt: 4/11
4 PAYEE NAME	LAST FIRST MI Union Direct Printing and Mail		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 8222 N Lamar Blvd. Austin, TX 78753		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$14,937.96	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 4/6 Rpt: 5/11
4 PAYEE NAME	LAST FIRST MI Kelly Graphics		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$44,129.44	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 5/6 Rpt: 6/11
4 PAYEE NAME	LAST FIRST MI Ranes, Jim		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Consulting Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$1,109.70	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Homes Not Handcuffs		2 FILER ID 00090570	3 Total pages Schedule ATX8EXPEND: Sch: 6/6 Rpt: 7/11
4 PAYEE NAME	LAST FIRST MI Wick, Jim		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 10551 Bilbrook Place Austin, TX 78748		
6 EXPENDITURE DETAILS	(a) Category Consulting Expense	(b) Description	
	(c) Date 04/26/2021	(d) Amount (\$) \$1,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Prop B OPPOSE	
	(c) Office sought	(d) Office held	

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/3 Rpt: 8/11
2 FILER NAME Homes Not Handcuffs		3 Filer ID (Ethics Commission Filers) 00090570
4 Date 04/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Stephen	7 Amount of Contribution (\$) \$10,516.58
	6 Contributor address; City; State; Zip Code 210 Lavaca St. Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Mayor		9 Employer (See Instructions) City of Austin
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	
Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		Employer (See Instructions) Ending Community Homelessness Coalition
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	
Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		Employer (See Instructions) Ending Community Homelessness Coalition
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	
Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		Employer (See Instructions) Ending Community Homelessness Coalition
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	
Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		Employer (See Instructions) Ending Community Homelessness Coalition

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1:
Sch: 2/3 Rpt: 9/11

2 FILER NAME

Homes Not Handcuffs

3 Filer ID (Ethics Commission Filers)
00090570

4 Date
04/26/2021

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Burrus, Claire

7 Amount of Contribution (\$)
\$75.00

6 Contributor address; City; State; Zip Code

1606 Nickerson St Unit C

Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

Research and Evaluation Analyst

9 Employer (See Instructions)

Ending Community Homelessness Coalition

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\$75.00

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Amount of Contribution (\$)
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Contributor address; City; State; Zip Code

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Employer (See Instructions)

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Burrus, Claire

Amount of Contribution (\$)
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Contributor address; City; State; Zip Code

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Austin, TX 78704

Principal occupation / Job title (See Instructions)

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Employer (See Instructions)

Ending Community Homelessness Coalition

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 3/3 Rpt: 10/11
2 FILER NAME Homes Not Handcuffs		3 Filer ID (Ethics Commission Filers) 00090570
4 Date 04/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire 6 Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		9 Employer (See Instructions) Ending Community Homelessness Coalition
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Claire Contributor address; City; State; Zip Code 1606 Nickerson St Unit C Austin, TX 78704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Research and Evaluation Analyst		Employer (See Instructions) Ending Community Homelessness Coalition
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peel, Deborah Contributor address; City; State; Zip Code PO Box 162584 Austin, TX 78716	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Founder & President		Employer (See Instructions) Patient Privacy Rights
Date 04/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Rachael Contributor address; City; State; Zip Code 2101 E 16th St Austin, TX 78702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webber, Rebecca Contributor address; City; State; Zip Code 1301 W. 25th Street Suite 400 Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hendler Lyons Flores

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.

Homes Not Handcuffs

Signature of Filer