

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 4		
	LAST; SUFFIX Equity PAC	ACCOUNT # 00090717		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300812		Date Received ELECTRONICALLY FILED 10/19/2021	
	Austin, TX 78703		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	FILER OCCUPATION		Date Processed	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER EMPLOYER		Date Imaged	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX			
	Catina Voellinger			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	9901 Brodie Lane Ste 160			
	#1143 Austin, TX 78748			

Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/4
4 PAYEE NAME	LAST FIRST MI The Austin Chronicle		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 4000 N. IH-35 Austin, TX 78757		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/15/2021	(d) Amount (\$) \$1,545.00	
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 (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/1 Rpt: 3/4
2 FILER NAME Equity PAC		3 Filer ID (Ethics Commission Filers) 00090717
4 Date 10/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACLU of Texas 6 Contributor address; City; State; Zip Code PO Box 8306 Houston, TX 77288	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Daniel Contributor address; City; State; Zip Code 1808 Ford St #A Austin, TX 78704	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Clever
Date 10/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Dan Contributor address; City; State; Zip Code 1023 Springdale Rd. - 1J Austin, TX 78721	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Notley Ventures
Date 10/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Lynn Contributor address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sixteen Thirty Contributor address; City; State; Zip Code 1201 Connecticut Ave NW Washington, DC 20036	Amount of Contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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.

Equity PAC

Signature of Filer