

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 9		
	LAST; SUFFIX Equity PAC	ACCOUNT # 00090717		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300812 Austin, TX 78703		Date Received ELECTRONICALLY FILED 10/21/2021	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #	
			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 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: 1/6 Rpt: 2/9
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 10/19/2021	(d) Amount (\$) \$47,669.49	
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	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC	2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 2/6 Rpt: 3/9
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4 PAYEE NAME	LAST FIRST MI Kelly Graphics
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5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description
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	(c) Date 10/19/2021	(d) Amount (\$) \$2,696.51
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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)
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	(c) Office sought	(d) Office held
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Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 3/6 Rpt: 4/9
4 PAYEE NAME	LAST FIRST MI Check Mark		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78722		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/19/2021	(d) Amount (\$) \$5,917.69	
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	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC	2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 4/6 Rpt: 5/9
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4 PAYEE NAME	LAST FIRST MI AFSCME
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5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1812 Centre Creek Drive #310 Austin, TX 78754
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6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description
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	(c) Date 10/19/2021	(d) Amount (\$) \$25,000.00
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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)
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	(c) Office sought	(d) Office held
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Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 5/6 Rpt: 6/9
4 PAYEE NAME	LAST FIRST MI City Lights Group		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1605 Kerr St Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/21/2021	(d) Amount (\$) \$100,000.00	
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 (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC	2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 6/6 Rpt: 7/9
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4 PAYEE NAME	LAST FIRST MI Stronger Than Communications LLC
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5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 7314 Trescott Ave Takoma Park, MD 20912
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6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description
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	(c) Date 10/21/2021	(d) Amount (\$) \$49,999.99
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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)
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	(c) Office sought	(d) Office held
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Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/1 Rpt: 8/9
2 FILER NAME Equity PAC		3 Filer ID (Ethics Commission Filers) 00090717
4 Date 10/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles and Lynn Schusterman Family Philanthropies <hr/> 6 Contributor address; City; State; Zip Code PO Box 51 Tulsa, OK 74101	7 Amount of Contribution (\$) \$100,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Melba <hr/> Contributor address; City; State; Zip Code PO BOX 5623 Austin, TX 78763	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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