

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	LAST; SUFFIX Yay for Prop A	ACCOUNT # 00090826	
	OFFICE USE ONLY		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4107 Medical Parkway #212	Date Received ELECTRONICALLY FILED 04/26/2022	
	Austin, TX 78756	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 Catina Voellinger		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4107 Medical Parkway #212 Austin, TX 78756		
6 MEMO			

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Yay for Prop A		2 FILER ID 00090826	3 Total pages Schedule ATX1EXPEND: Sch: 1/2 Rpt: 2/5
4 MEMO			
5 PAYEE NAME	LAST FIRST MI Worley Printing		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78722		
7 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 04/19/2022	(d) Amount (\$) \$276.04	
8 Complete <u>ONLY</u> if candidate or ballot measure suported/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 Yay for Prop A		2 FILER ID 00090826	3 Total pages Schedule ATX1EXPEND: Sch: 2/2 Rpt: 3/5
4 MEMO			
5 PAYEE NAME	LAST FIRST MI United States Postal Service		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710		
7 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 04/25/2022	(d) Amount (\$) \$3,884.40	
8 Complete <u>ONLY</u> if candidate or ballot measure suported/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: 4/5

2 FILER NAME
Yay for Prop A

3 Filer ID (Ethics Commission Filers)
00090826

4 MEMO

5 Date
04/20/2022

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ground Game Texas

8 Amount of Contribution (\$)
\$10,000.00

7 Contributor address; City; State; Zip Code
4107 Medical Parkway, #212

Austin, TX 78756

9 Principal occupation / Job title (See Instructions)

10 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.

Yay for Prop A

Signature of Filer