

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 8	
	LAST; SUFFIX Capital Area Progressive Democrats	ACCOUNT # 00090920	
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 413  Austin, TX 78767		Date Received ELECTRONICALLY FILED 11/04/2022
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #
			HD / PM
			Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		Date Imaged
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
6 MEMO			

# Expenditure

FORM ATX1EXPEND

<b>1 FILER NAME</b> Capital Area Progressive Democrats		<b>2 FILER ID</b> 00090920		<b>3 Total pages Schedule ATX1EXPEND:</b>  Sch: 1/6 Rpt: 2/8	
<b>4 MEMO</b>					
<b>5 PAYEE NAME</b>		LAST FIRST MI The Austin Chronicle			
<b>6 PAYEE ADDRESS</b>		Payee address; apartment/suit#; City; State; Zip Code  4000 N. IH-35  Austin, TX 78751			
<b>7 EXPENDITURE DETAILS</b>		<b>(a) Category</b> Advertising Expense		<b>(b) Description</b>	
		<b>(c) Date</b> 11/04/2022		<b>(d) Amount (\$)</b> \$1,345.00	
<b>8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>		<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title  Watson Kirk		<b>(b) Ballot measure supported/opposed</b>  (CHECK IF BALLOT MEASURE)	
		<b>(c) Office sought</b>  Mayor		<b>(d) Office held</b>	

# Expenditure

FORM **ATX1EXPEND**

<b>1 FILER NAME</b> Capital Area Progressive Democrats	<b>2 FILER ID</b> 00090920	<b>3 Total pages Schedule ATX1EXPEND:</b>  Sch: 2/6 Rpt: 3/8
<b>4 MEMO</b>		
<b>5 PAYEE NAME</b>	LAST FIRST MI (see previous)	
<b>6 PAYEE ADDRESS</b>	Payee address; apartment/suit#; City; State; Zip Code	
<b>7 EXPENDITURE DETAILS</b>	<b>(a) Category</b>	<b>(b) Description</b>
	<b>(c) Date</b>	<b>(d) Amount (\$)</b>
<b>8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>	<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title  Harper- Natasha	<b>(b) Ballot measure supported/opposed</b>  (CHECK IF BALLOT MEASURE)
	<b>(c) Office sought</b>  Council Member, District 1	<b>(d) Office held</b>  Council Member, District 1

# Expenditure

FORM ATX1EXPEND

<b>1 FILER NAME</b> Capital Area Progressive Democrats	<b>2 FILER ID</b> 00090920	<b>3 Total pages Schedule ATX1EXPEND:</b>  Sch: 3/6 Rpt: 4/8
<b>4 MEMO</b>		
<b>5 PAYEE NAME</b>	LAST FIRST MI (see previous)	
<b>6 PAYEE ADDRESS</b>	Payee address; apartment/suit#; City; State; Zip Code	
<b>7 EXPENDITURE DETAILS</b>	<b>(a) Category</b>	<b>(b) Description</b>
	<b>(c) Date</b>	<b>(d) Amount (\$)</b>
<b>8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>	<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title  Craig Ken	<b>(b) Ballot measure supported/opposed</b>  (CHECK IF BALLOT MEASURE)
	<b>(c) Office sought</b>  Council Member, District 5	<b>(d) Office held</b>

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Capital Area Progressive Democrats		<b>2</b> FILER ID 00090920		<b>3</b> Total pages Schedule ATX1EXPEND:  Sch: 4/6 Rpt: 5/8	
<b>4</b> MEMO					
<b>5</b> PAYEE NAME		LAST FIRST MI (see previous)			
<b>6</b> PAYEE ADDRESS		Payee address; apartment/suit#; City; State; Zip Code			
<b>7</b> EXPENDITURE DETAILS		<b>(a)</b> Category		<b>(b)</b> Description	
		<b>(c)</b> Date		<b>(d)</b> Amount (\$)	
<b>8</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed		<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title  Ellis Paige		<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
		<b>(c)</b> Office sought  Council Member, District 8		<b>(d)</b> Office held  Council Member, District 8	

# Expenditure

FORM ATX1EXPEND

<b>1 FILER NAME</b> Capital Area Progressive Democrats		<b>2 FILER ID</b> 00090920		<b>3 Total pages Schedule ATX1EXPEND:</b>  Sch: 5/6 Rpt: 6/8	
<b>4 MEMO</b>					
<b>5 PAYEE NAME</b>		LAST FIRST MI (see previous)			
<b>6 PAYEE ADDRESS</b>		Payee address; apartment/suit#; City; State; Zip Code			
<b>7 EXPENDITURE DETAILS</b>		<b>(a) Category</b>		<b>(b) Description</b>	
		<b>(c) Date</b>		<b>(d) Amount (\$)</b>	
<b>8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed</b>		<b>(a) Candidate/Officeholder name</b> LastName; Suffix; FirstName; Title  Guerrero Linda		<b>(b) Ballot measure supported/opposed</b>  (CHECK IF BALLOT MEASURE)	
		<b>(c) Office sought</b>  Council Member, District 9		<b>(d) Office held</b>	

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Capital Area Progressive Democrats		<b>2</b> FILER ID 00090920		<b>3</b> Total pages Schedule ATX1EXPEND:  Sch: 6/6 Rpt: 7/8	
<b>4</b> MEMO					
<b>5</b> PAYEE NAME		LAST FIRST MI (see previous)			
<b>6</b> PAYEE ADDRESS		Payee address; apartment/suit#; City; State; Zip Code			
<b>7</b> EXPENDITURE DETAILS		<b>(a)</b> Category		<b>(b)</b> Description	
		<b>(c)</b> Date		<b>(d)</b> Amount (\$)	
<b>8</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  <input checked="" type="checkbox"/> (CHECK IF BALLOT MEASURE) Proposition A  SUPPORT	
		<b>(c)</b> Office sought		<b>(d)</b> Office held	

**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.

Capital Area Progressive Democrats

---

Signature of Filer