



Pre-Election Report Political Committees Form ATX.7PAC

☐ Office Use Only

1 Total pages filed:	9	2 Filer Name	Mykle Tomlinson
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3 COMMITTEE NAME	Committee Name Our City Our Safety Our Choice		
4 COMMITTEE ADDRESS	Address/ PO Box PO Box 6193		Apartment or Suite Number
	City Austin	State TX	Zip Code 78762
5 COMMITTEE TREASURER NAME	Title	First Name Joseph	Middle Initial
	Nickname	Last Name Pinnelli	Suffix
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box 1507 W. 6th		Apartment or Suite Number
	City Austin	State TX	Zip Code 78703
	Phone Number (###-###-####) 512-478-7816		Extension, if applicable
7 REPORTING PERIOD	Start Date (yyyymmdd) 20160329		THROUGH End Date (yyyymmdd) 20160427

2016 APR 29 PM 4 43

RECEIVED
AUSTIN CITY CLERK



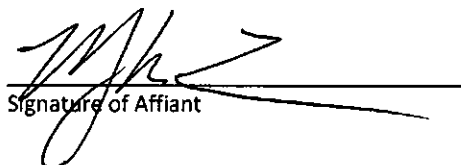
Pre-Election Report Political Committees Form ATX.7PAC

1 Total pages filed:	<input type="text"/>	2 Filer Name	Mykle Tomlinson
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8 REPORTS ATTACHED <i>Check box for each form attached</i>	<input checked="" type="checkbox"/> ATX.7A - Pre-Election Report of Contributions
	<input checked="" type="checkbox"/> ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the preceding Special Pre-Election Report filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-29 for the reporting period indicated.


Signature of Affiant



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Bill</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Aleshire</td><td></td></tr></table>	Contributor Title	Contributor First Name		Bill	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Aleshire											
Contributor Title	Contributor First Name																		
	Bill																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
Aleshire																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>3605 Shady Valley Dr</td><td colspan="2"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td>78739</td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		3605 Shady Valley Dr			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78739	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
3605 Shady Valley Dr																			
Contributor City	Contributor State	Contributor Zip Code																	
Austin	TX	78739																	
Contributor Employer	Contributor Occupation																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160428</td><td>\$250.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	20160428	\$250.00	In-Kind Contribution Description, if applicable													
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In-Kind Contribution Description, if applicable																			

Add Another Contribution Page



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Michael</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Holleran</td><td></td></tr></table>	Contributor Title	Contributor First Name		Michael	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Holleran																	
Contributor Title	Contributor First Name																								
	Michael																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Holleran																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="3">Contributor Apartment or Suite Number</td></tr><tr><td>3811 Ridgelea Dr</td><td colspan="3"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78731</td></tr><tr><td>Contributor Employer</td><td colspan="3">Contributor Occupation</td></tr><tr><td></td><td colspan="3"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number			3811 Ridgelea Dr				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78731		Contributor Employer	Contributor Occupation						
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Add Another Contribution Page



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1				
CONTRIBUTOR NAME	Organization Name, or Contributor Last Name (if applicable)			
<input type="checkbox"/> Contributor is an individual	<input type="text" value="Austin Travis County EMS Employee Association PAC"/>			
2				
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box		Contributor Apartment or Suite Number	
	<input type="text" value="5817 Wilcab Rd"/>		<input type="text"/>	
	Contributor City		Contributor State	Contributor Zip Code
	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78721"/>
	Contributor Employer		Contributor Occupation	
<input type="text"/>		<input type="text"/>		
3				
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)		(\$) Contribution Amount	
	<input type="text" value="20160428"/>		<input type="text" value="\$250.00"/>	
	In-Kind Contribution Description, if applicable			
<input type="text"/>				



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Michael</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Levy</td><td></td></tr></table>	Contributor Title	Contributor First Name		Michael	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Levy																	
Contributor Title	Contributor First Name																								
	Michael																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Levy																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="3">Contributor Apartment or Suite Number</td></tr><tr><td>PO Box 146</td><td colspan="3"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78767</td></tr><tr><td>Contributor Employer</td><td colspan="3">Contributor Occupation</td></tr><tr><td></td><td colspan="3"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number			PO Box 146				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78767		Contributor Employer	Contributor Occupation						
Contributor Address/ PO Box	Contributor Apartment or Suite Number																								
PO Box 146																									
Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78767																							
Contributor Employer	Contributor Occupation																								
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Add Another Contribution Page



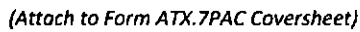
Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Mike</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Martinez</td><td></td></tr></table>	Contributor Title	Contributor First Name		Mike	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Martinez																	
Contributor Title	Contributor First Name																								
	Mike																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Martinez																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="3">Contributor Apartment or Suite Number</td></tr><tr><td>2314 E 11th St</td><td colspan="3"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78702</td></tr><tr><td>Contributor Employer</td><td colspan="3">Contributor Occupation</td></tr><tr><td></td><td colspan="3"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number			2314 E 11th St				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78702		Contributor Employer	Contributor Occupation						
Contributor Address/ PO Box	Contributor Apartment or Suite Number																								
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20160428	\$500.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Business Name, or Payee Last Name, if applicable <div>Rindy & Associates, Inc.</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box <div>2401 East 6th Street</div> Payee City <div>Austin</div>		Payee Apartment or Suite Number <div>#1007</div> <div> <div>Payee State TX</div> <div>Payee Zip Code 78702</div> </div>
3 EXPENDITURE DETAILS	Category <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount <div>\$25,075.00</div> Expenditure Date (yyyymmdd) <div>20160428</div>

[illegible]

Page 8 of 9



Itemize each expenditure made in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Business Name, or Payee Last Name, if applicable <div>Rindy & Associates, Inc.</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box <div>2401 East 6th Street</div> Payee City <div>Austin</div>		Payee Apartment or Suite Number <div>#1007</div> <div> <div>Payee State TX</div> <div>Payee Zip Code 78702</div> </div>
3 EXPENDITURE DETAILS	Category <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount <div>\$5,150.00</div> Expenditure Date (yyyymmdd) <div>20150428</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, if applicable.

[illegible]

Add Another Expenditure Page