



**Pre-Election Report
Political Committees
Form ATX.7PAC**

☐ Office Use Only

1 Total pages filed:	<input type="text" value="4"/>	2 Filer Name	<input type="text" value="Kat Hoang"/>
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3 COMMITTEE NAME	Committee Name <input type="text" value="Our City Our Safety Our Choice"/>		
4 COMMITTEE ADDRESS	Address/ PO Box <input type="text" value="PO Box 6193"/>		Apartment or Suite Number <input type="text"/>
	City <input type="text" value="Austin"/>	State <input type="text" value="TX"/>	Zip Code <input type="text" value="78762"/>
5 COMMITTEE TREASURER NAME	Title <input type="text"/>	First Name <input type="text" value="Joseph"/>	Middle Initial <input type="text"/>
	Nickname <input type="text"/>	Last Name <input type="text" value="Pinnelli"/>	Suffix <input type="text"/>
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box <input type="text" value="1507 W. 6th"/>		Apartment or Suite Number <input type="text"/>
	City <input type="text" value="Austin"/>	State <input type="text" value="TX"/>	Zip Code <input type="text" value="78703"/>
	Phone Number (###-###-####) <input type="text" value="512-478-7816"/>		Extension, if applicable <input type="text"/>
7 REPORTING PERIOD	Start Date (yyyymmdd) <input type="text" value="20160501"/>	THROUGH	End Date (yyyymmdd) <input type="text" value="20160501"/>

2016 MAY 2 PM 3 25
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AUSTIN CITY CLERK



Pre-Election Report Political Committees Form ATX.7PAC

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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 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>Brian</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Rodgers</td><td></td></tr></table>	Contributor Title	Contributor First Name		Brian	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Rodgers																	
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	Brian																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
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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>1112 W 9th 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">78703</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			1112 W 9th St				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78703		Contributor Employer	Contributor Occupation						
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160501</td><td>\$500.00</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	20160501	\$500.00	In-Kind Contribution Description, if applicable																			
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Add Another Contribution Page



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

(Attach to Form ATX.7PAC Coversheet)

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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>Sherri</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Greenberg</td><td></td></tr></table>	Contributor Title	Contributor First Name		Sherri	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Greenberg											
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	Sherri																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
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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>2524 Tanglewood Trl</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>78703</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		2524 Tanglewood Trl			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78703	Contributor Employer	Contributor Occupation				
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