



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

☐ Office Use Only

AUSTIN CITY CLERK  
RECEIVED

2016 MAY 4 PM 3 33

<b>1</b> Total pages filed:	11	<b>2</b> Filer Name	Kat Hoang
-----------------------------	----	---------------------	-----------

<b>3</b> <b>COMMITTEE NAME</b>	Committee Name Our City Our Safety Our Choice		
<b>4</b> <b>COMMITTEE ADDRESS</b>	Address/ PO Box PO Box 6193		Apartment or Suite Number 
	City Austin	State TX	Zip Code 78762
<b>5</b> <b>COMMITTEE TREASURER NAME</b>	Title 		
	First Name Joseph	Middle Initial 	
	Nickname 	Last Name Pinnelli	Suffix 
<b>6</b> <b>COMMITTEE TREASURER ADDRESS AND PHONE</b>	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 
<b>7</b> <b>REPORTING PERIOD</b>	Start Date (yyyymmdd) 20160503	THROUGH	End Date (yyyymmdd) 20160503



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

<b>1</b> Total pages filed:	11	<b>2</b> Filer Name	Kat Hoang
-----------------------------	----	---------------------	-----------

<b>8</b>	<b>REPORTS ATTACHED</b> <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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Melissa"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Jones"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Melissa"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Jones"/>	<input type="text"/>																
Contributor Title	Contributor First Name																								
<input type="text"/>	<input type="text" value="Melissa"/>																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
<input type="text" value="Jones"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="1203 Elm St"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78703"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box		Contributor Apartment or Suite Number		<input type="text" value="1203 Elm St"/>		<input type="text"/>		Contributor City	Contributor State	Contributor Zip Code		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>		Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
<input type="text" value="1203 Elm St"/>		<input type="text"/>																							
Contributor City	Contributor State	Contributor Zip Code																							
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>																							
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160503"/></td><td><input type="text" value="\$200.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160503"/>	<input type="text" value="\$200.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
<input type="text" value="20160503"/>	<input type="text" value="\$200.00"/>																								
In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Becky</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Beaver</td><td></td></tr></table>	Contributor Title	Contributor First Name		Becky	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Beaver											
Contributor Title	Contributor First Name																		
	Becky																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
Beaver																			
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>816 Congress Ave</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>78701</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		816 Congress Ave			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78701	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
816 Congress Ave																			
Contributor City	Contributor State	Contributor Zip Code																	
Austin	TX	78701																	
Contributor Employer	Contributor Occupation																		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$ ) Contribution Amount</td></tr><tr><td>20160503</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	20160503	\$250.00	In-Kind Contribution Description, if applicable													
Contribution Date (yyyymmdd)	(\$ ) Contribution Amount																		
20160503	\$250.00																		
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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Charles"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Cotton"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Charles"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Cotton"/>	<input type="text"/>																
Contributor Title	Contributor First Name																								
<input type="text"/>	<input type="text" value="Charles"/>																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
<input type="text" value="Cotton"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="2600 Lynnwood Cir"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td><input type="text" value="Norman"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="73072"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box		Contributor Apartment or Suite Number		<input type="text" value="2600 Lynnwood Cir"/>		<input type="text"/>		Contributor City	Contributor State	Contributor Zip Code		<input type="text" value="Norman"/>	<input type="text" value="TX"/>	<input type="text" value="73072"/>		Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
<input type="text" value="2600 Lynnwood Cir"/>		<input type="text"/>																							
Contributor City	Contributor State	Contributor Zip Code																							
<input type="text" value="Norman"/>	<input type="text" value="TX"/>	<input type="text" value="73072"/>																							
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160503"/></td><td><input type="text" value="\$500.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160503"/>	<input type="text" value="\$500.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
<input type="text" value="20160503"/>	<input type="text" value="\$500.00"/>																								
In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

[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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Margaret"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Bettner"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Margaret"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Bettner"/>	<input type="text"/>																
Contributor Title	Contributor First Name																								
<input type="text"/>	<input type="text" value="Margaret"/>																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
<input type="text" value="Bettner"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="605 Laurel Valley Rd"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td><input type="text" value="West Lake Hills"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78746"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box		Contributor Apartment or Suite Number		<input type="text" value="605 Laurel Valley Rd"/>		<input type="text"/>		Contributor City	Contributor State	Contributor Zip Code		<input type="text" value="West Lake Hills"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>		Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
<input type="text" value="605 Laurel Valley Rd"/>		<input type="text"/>																							
Contributor City	Contributor State	Contributor Zip Code																							
<input type="text" value="West Lake Hills"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>																							
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160503"/></td><td><input type="text" value="\$300.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160503"/>	<input type="text" value="\$300.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
<input type="text" value="20160503"/>	<input type="text" value="\$300.00"/>																								
In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Andrew"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Bowman"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Andrew"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Bowman"/>	<input type="text"/>																
Contributor Title	Contributor First Name																								
<input type="text"/>	<input type="text" value="Andrew"/>																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
<input type="text" value="Bowman"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="212 W 33rd St"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78705"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box		Contributor Apartment or Suite Number		<input type="text" value="212 W 33rd St"/>		<input type="text"/>		Contributor City	Contributor State	Contributor Zip Code		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78705"/>		Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
<input type="text" value="212 W 33rd St"/>		<input type="text"/>																							
Contributor City	Contributor State	Contributor Zip Code																							
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78705"/>																							
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160503"/></td><td><input type="text" value="\$500.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160503"/>	<input type="text" value="\$500.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
<input type="text" value="20160503"/>	<input type="text" value="\$500.00"/>																								
In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Carmen</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Tawil</td><td></td></tr></table>	Contributor Title	Contributor First Name		Carmen	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Tawil											
Contributor Title	Contributor First Name																		
	Carmen																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
Tawil																			
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>4806 Balcones 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>78731</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		4806 Balcones Dr			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78731	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
4806 Balcones Dr																			
Contributor City	Contributor State	Contributor Zip Code																	
Austin	TX	78731																	
Contributor Employer	Contributor Occupation																		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160503</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	20160503	\$500.00	In-Kind Contribution Description, if applicable													
Contribution Date (yyyymmdd)	(\$) Contribution Amount																		
20160503	\$500.00																		
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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Hunter</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Ellinger</td><td></td></tr></table>	Contributor Title	Contributor First Name		Hunter	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Ellinger																	
Contributor Title	Contributor First Name																								
	Hunter																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Ellinger																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1622 Waterston Ave</td><td colspan="2"></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 colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box		Contributor Apartment or Suite Number		1622 Waterston Ave				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78703		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
1622 Waterston Ave																									
Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78703																							
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160503</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	20160503	\$500.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
20160503	\$500.00																								
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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name, or Contributor Last Name (if applicable) <div>AFSCME Local 1624</div>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box <div>1812 Centre Creek Dr</div>	Contributor Apartment or Suite Number <div>Ste 310</div>	
	Contributor City <div>Austin</div>	Contributor State <div>TX</div>	Contributor Zip Code <div>78754</div>
	Contributor Employer <div></div>	Contributor Occupation <div></div>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd) <div>20160503</div>		(\$) Contribution Amount <div>\$6,000.00</div>
	In-Kind Contribution Description, if applicable <div></div>		

[Add Another Contribution Page](#)



# Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

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

<b>1</b>	<b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Business Name, or Payee Last Name, if applicable Y Strategy		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box 3110 Manor Rd.	Payee Apartment or Suite Number Ste. H	
		Payee City Austin	Payee State TX	Payee Zip Code 78723
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category Salaries/Wages/Contract labor	(\$) Expenditure Amount \$21,578.33	
		Description (If Category is "Other")	Expenditure Date (yyyymmdd) 20160503	

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

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Opposed Prop 1			

Add Another Expenditure Page