



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

AUSTIN CITY CLERK
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2016 MAY 5 PM 3 43

1 Total pages filed:	3	2 Filer Name	Kat Hoang
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3 COMMITTEE NAME	Committee Name Austin Unites		
4 COMMITTEE ADDRESS	Address/ PO Box PO Box 140483		Apartment or Suite Number
	City Austin	State TX	Zip Code 78714
5 COMMITTEE TREASURER NAME	Title	First Name Johanna	Middle Initial
	Nickname	Last Name Kraus-Darden	Suffix
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box 1802 River Crossing Circle		Apartment or Suite Number #C
	City Austin	State TX	Zip Code 78741
	Phone Number (###-###-####) 512-677-4906		Extension, if applicable
7 REPORTING PERIOD	Start Date (yyyymmdd) 20160504		THROUGH End Date (yyyymmdd) 20160504




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8 REPORTS ATTACHED <i>Check box for each form attached</i>	<input checked="checked" type="checkbox"/> ATX.7A - Pre-Election Report of Contributions <input type="checkbox"/> ATX.7F - Pre-Election Report of Expenditures
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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>Charleene</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Dison</td><td></td></tr></table>	Contributor Title	Contributor First Name		Charleene	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Dison																	
Contributor Title	Contributor First Name																								
	Charleene																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Dison																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2606 Twin Oaks Dr</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">78757</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		2606 Twin Oaks Dr				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78757		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
2606 Twin Oaks Dr																									
Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78757																							
Contributor Employer		Contributor Occupation																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160504</td><td>\$200.00</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	20160504	\$200.00	In-Kind Contribution Description, if applicable																			
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