

2016 MAY 5 PM 3 43

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

AUSTIN CITY CLERK
RECEIVED

2016 MAY 5 PM 3 43

1 Total pages filed:	13	2 Filer Name	Kat Hoang
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3 COMMITTEE NAME	Committee Name Our City Our Safety Our Choice		
4 COMMITTEE ADDRESS	Address/ PO Box	Apartment or Suite Number	
	PO Box 6193		
5 COMMITTEE TREASURER NAME	Title	First Name	Middle Initial
		Joseph	
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box	Apartment or Suite Number	
	1507 W. 6th		
	City	State	Zip Code
	Austin	TX	78703
	Phone Number (###-###-####)	Extension, if applicable	
	512-478-7816		
7 REPORTING PERIOD	Start Date (yyyymmdd)	THROUGH	End Date (yyyymmdd)
	20160504		20160504



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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Susan"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Moffat"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="4112 Speedway"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78751"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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

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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Eva"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Gonzales"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="7100 Whispering Oaks Dr"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78745"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Melanie"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="McAfee"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="10463 Sprinkle 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="78754"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Lemuel"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Johnson"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="11913 Hornsby 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="78753"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Jennifer"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Boerner"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="2401 Bluffview Dr"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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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	Contributor Title Contributor First Name [] Joe Organization Name, or Contributor Last Name (if applicable) Contributor Suffix Garcia []
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number 919 Congress Ave [] Contributor City Contributor State Contributor Zip Code Austin TX 78701 Contributor Employer Contributor Occupation [] []
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount 20160504 \$500.00 In-Kind Contribution Description, if applicable []

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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	Contributor Title Contributor First Name [] John Organization Name, or Contributor Last Name (if applicable) Contributor Suffix Umphress []
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number 2604 Geraghty Ave [] Contributor City Contributor State Contributor Zip Code Austin TX 78757 Contributor Employer Contributor Occupation [] []
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount 20160504 \$500.00 In-Kind Contribution Description, if applicable []

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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Michael"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Gagarin"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="1506 W 9th 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"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160504"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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