



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

2016 MAY 5 PM 3 43

AUSTIN CITY CLERK
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2016 MAY 5 PM 3 43

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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 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) 20160504		THROUGH End Date (yyyymmdd) 20160504



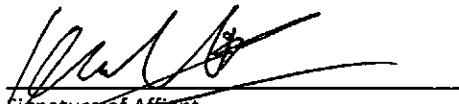
**Pre-Election Report
Political Committees
Form ATX.7PAC**

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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 checked="" 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>Susan</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Moffat</td><td></td></tr></table>	Contributor Title	Contributor First Name		Susan	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Moffat																	
Contributor Title	Contributor First Name																								
	Susan																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Moffat																									
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>4112 Speedway</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">78751</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			4112 Speedway				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78751		Contributor Employer	Contributor Occupation						
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Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78751																							
Contributor Employer	Contributor Occupation																								
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160504</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	20160504	\$250.00	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)

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>Eva</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Gonzales</td><td></td></tr></table>	Contributor Title	Contributor First Name		Eva	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Gonzales																	
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	Eva																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Gonzales																									
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>7100 Whispering Oaks 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">78745</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			7100 Whispering Oaks Dr				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78745		Contributor Employer	Contributor Occupation						
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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>Melanie</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>McAfee</td><td></td></tr></table>	Contributor Title	Contributor First Name		Melanie	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	McAfee																	
Contributor Title	Contributor First Name																								
	Melanie																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
McAfee																									
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>10463 Sprinkle Rd</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">78754</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			10463 Sprinkle Rd				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78754		Contributor Employer	Contributor Occupation						
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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	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Lemuel"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Johnson"/></td><td><input type="text"/></td></tr></table>	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"/>																
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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"><input type="text" value="11913 Hornsby 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="78753"/></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="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"/>	
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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>Jennifer</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Boerner</td><td></td></tr></table>	Contributor Title	Contributor First Name		Jennifer	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Boerner											
Contributor Title	Contributor First Name																		
	Jennifer																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
Boerner																			
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>2401 Bluffview 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>78704</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		2401 Bluffview Dr			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78704	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
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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>Joe</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Garcia</td><td></td></tr></table>	Contributor Title	Contributor First Name		Joe	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Garcia											
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	Joe																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
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	Michael																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
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Add Another Contribution Page



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

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

Add Another Expenditure Page



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