



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

AUSTIN CITY CLERK
RECEIVED

☐ Office Use Only

2016 MAY 6 PM 2 56

1 Total pages filed:	<input type="text" value="3"/>	2 Filer Name	<input type="text" value="Kat Hoang"/>
-----------------------------	--------------------------------	---------------------	--

3 COMMITTEE NAME	Committee Name <input type="text" value="Austin Unites"/>		
4 COMMITTEE ADDRESS	Address/ PO Box <input type="text" value="PO Box 140483"/>		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="78714"/>
5 COMMITTEE TREASURER NAME	Title <input type="text"/>		
	First Name <input type="text" value="Johanna"/>	Middle Initial <input type="text"/>	
	Nickname <input type="text"/>	Last Name <input type="text" value="Kraus-Darden"/>	Suffix <input type="text"/>
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box <input type="text" value="1802 River Crossing Circle"/>		Apartment or Suite Number <input type="text" value="#C"/>
	City <input type="text" value="Austin"/>	State <input type="text" value="TX"/>	Zip Code <input type="text" value="78741"/>
	Phone Number (###-###-####) <input type="text" value="512-677-4906"/>		Extension, if applicable <input type="text"/>
7 REPORTING PERIOD	Start Date (yyyymmdd) <input type="text" value="20160505"/>		THROUGH End Date (yyyymmdd) <input type="text" value="20160505"/>



Pre-Election Report Political Committees Form ATX.7PAC

1 Total pages filed:	3	2 Filer Name	Kat Hoang
----------------------	---	--------------	-----------

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
---	--	---

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>Mary</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Sanger</td><td></td></tr></table>	Contributor Title	Contributor First Name		Mary	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Sanger																	
Contributor Title	Contributor First Name																								
	Mary																								
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Sanger																									
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">704 Carolyn Avenue</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">78705</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		704 Carolyn Avenue				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78705		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box		Contributor Apartment or Suite Number																							
704 Carolyn Avenue																									
Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78705																							
Contributor Employer		Contributor Occupation																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160505</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	20160505	\$500.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)	(\$) Contribution Amount																								
20160505	\$500.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page