

## AUSTIN CITY CLERK RECEIVED

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3	2 Filer Name	Kat Hoang						
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Committee Name								
ME	Austin Unites							
	Address/ PO Box				Apartment or Suite Number			
	PO Box 140483							
City					State Zip Code			
	Austin				тх		78714	
	Title	First Name				М	iddle Initial	
URER		Johanna					•	
	Nickname	Last Name		e				Suffix
			Kraus-Da	rden				
	Address/ PO Box				Apartment or Suite Number			
	1802 River Crossing Circle				#c			
URER	City	<del> </del>			State		Zip Code	
	Austin				TX		78741	
	Phone Number (###-####) Extension, if applicable							
	512-677-4906					]		
	Start Date (yyyymmdd)				End	End Date (yyyymmdd)		
REPORTING PERIOD	20160505			THROUGH			· · · · ·	
	ME SURER	Committee Nam Austin Unites  Address/ PO Box PO Box 140483 City Austin  Title  Nickname  Address/ PO Box 1802 River Cross City Austin Phone Number (austin) Start Date (yyyyn)	Committee Name Austin Unites  Address/ PO Box PO Box 140483 City Austin  Title First Name Johanna Nickname  Address/ PO Box 1802 River Crossing Circle City Austin Phone Number (###-#######) 512-677-4906  Start Date (yyyymmdd)	Committee Name Austin Unites  Address/ PO Box PO Box 140483  City Austin  Title First Name Johanna Nickname Last Nam Kraus-Dat  Address/ PO Box  1802 River Crossing Circle  City Austin Phone Number (###-#####)  512-677-4906  Start Date (yyyymmdd)	Committee Name Austin Unites  Address/ PO Box PO Box 140483  City Austin  Title First Name Johanna Nickname Last Name Kraus-Darden  Address/ PO Box 1802 River Crossing Circle City Austin Phone Number (###-#####) Surer  Surer  Surer  Surer  Surer  Surer  City Austin Phone Number (###-######)  Start Date (yyyymmdd)  Extension, if a	Committee Name Austin Unites  Address/ PO Box Apartme PO Box 140483  City State Austin TX  Title First Name Johanna Nickname Last Name Kraus-Darden  Address/ PO Box Apartme Kraus-Darden  Address/ PO Box Apartme Two Surer  Address/ PO Box Apartme Tx  Phone Number (###-#################################	Committee Name Austin Unites  Address/ PO Box	Committee Name Austin Unites  Address/ PO Box PO Box 140483 City State Zip Code Austin TX  Title First Name Middle Initial Johanna Nickname Last Name Kraus-Darden  Address/ PO Box Apartment or Suite Number #C  City State Zip Code TX  #C  City For Name Apartment or Suite Number #C  City State Zip Code TX  Apartment or Suite Number #C  City State Zip Code Austin TX  78741  Phone Number (###-###-####) Extension, if applicable 512-677-4906  Start Date (yyyymmdd)  End Date (yyyymmdd)

1 Total pages filed: 3	2 Filer Name Kat Hoang
8 REPORTS	ATX.7A - Pre-Election Report of Contributions
ATTACHED  Check box for each form  attached	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



Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

CONTRIBUTOR NAME	Contributor Title Contributor First Name  Mary  Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix					
Contributor is an individual	Sanger						
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box  704 Carolyn Avenue  Contributor City  Austin  Contributor Employer	Contributor Apartment or Suite Number  Contributor State Contributor Zip Code  TX 78705  Contributor Occupation					
3 CONTRIBUTION	Contribution Date (yyyymmdd) 20160505	(\$) Contribution Amount \$500.00					
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