



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

AUSTIN CITY CLERK
RECEIVED

2016 OCT 31 PM 4 35

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Equity Austin		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 41182		Apartment or Suite Number
	City* Austin	State* TX	Zip Code* 78704
3 COMMITTEE TREASURER NAME (if applicable)	Title Mr.	First Name Marshall	Middle Initial
	Last Name Escamilla	Suffix 	
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 4803 Everglade Dr		Apartment or Suite Number
	City Austin	State TX	Zip Code 78745
5 REPORT DATE	Date Filed (yyyymmdd)* 20161031		

* Indicates a required field



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures 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 2-2-32.

DATE: 10/31/16

[Signature]
AFFIANT'S SIGNATURE

Kevin Opp
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

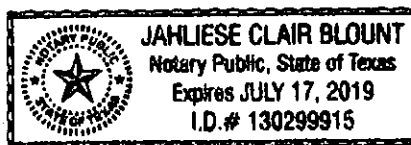
Kevin Opp

On the 31ST day of October, 2016, to certify which witness my hand and official seal.

Jahliee Clair Blount
Notary Public in and for the State of Texas

Jahliee Clair Blount

Typed or Printed Name of Notary





Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* US Contributions		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1609 Shoal Creek Blvd	Payee Apartment or Suite Number Suite #203	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701
3	EXPENDITURE DETAILS	Category* Accounting/Banking	(\$) Expenditure Amount* \$163.25	
		Description (If Category is "Other")	Expenditure Date* 20161027	

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

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gaudin, Supported	Natalie	City Council	



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Quick Print		
2	PAYEE ADDRESS	Payee Address/ PO Box* 8508 Cross Park Drive	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78745
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$2,906.95	
		Description (If Category is "Other") Direct mail printing	Expenditure Date* 20161028	

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

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gauldin, Supported	Natalie	City Council	



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <div>Quick Print</div>		
2	PAYEE ADDRESS	Payee Address/ PO Box * 8508 Cross Park Drive	Payee Apartment or Suite Number 	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 78754
3	EXPENDITURE DETAILS	Category * Advertising Expense	(\$) Expenditure Amount * \$3,879.47	
		Description (If Category is "Other") Postage	Expenditure Date * 20161028	

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

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gauldin, Supported	Natalie	City Council	

Add Another Expenditure Page



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*
			Thomas
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Ates	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		4512B Avenue H	
		Contributor City*	Contributor State* Contributor Zip Code*
		Austin	TX 78751
		Contributor Employer*	Contributor Occupation*
		Transform Data Systems	Owner
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		20161002	\$5.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
			Turner	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		Bathsheba		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		132 Gemstone Lane		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Elgin	TX	78621
		Contributor Employer*	Contributor Occupation*	
		N/A	N/A	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20161025		\$500.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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* Gregory Organization Name or Contributor Last Name, as applicable* Cribbs Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4202 Flagstaff Dr Contributor City* Austin Contributor Employer* Self employed Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78759 Contributor Occupation* Property Manager
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020 (\$) Contribution Amount* \$25.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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* Eric Organization Name or Contributor Last Name, as applicable* Goff Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1714 Dartmouth AVE Contributor City* Austin Contributor Employer* Citigroup Energy Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78702 Contributor Occupation* Director
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161002 (\$) Contribution Amount* \$2,600.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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>Evan</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Gill</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Evan	Organization Name or Contributor Last Name, as applicable*		Gill		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Evan																								
Organization Name or Contributor Last Name, as applicable*																									
Gill																									
Contributor Suffix																									
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">411 Brazos St. #99</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self employed</td><td colspan="2">Consultant</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		411 Brazos St. #99				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78701	Contributor Employer*		Contributor Occupation*		Self employed		Consultant	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
411 Brazos St. #99																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78701																						
Contributor Employer*		Contributor Occupation*																							
Self employed		Consultant																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160930</td><td>\$25.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160930	\$25.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20160930	\$25.00																								



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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>Rena</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Pacheco-Theard</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Rena	Organization Name or Contributor Last Name, as applicable*		Pacheco-Theard		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Rena																								
Organization Name or Contributor Last Name, as applicable*																									
Pacheco-Theard																									
Contributor Suffix																									
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">701 Clear Stream Xing</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78753</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">N/A</td><td colspan="2">N/A</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		701 Clear Stream Xing				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78753	Contributor Employer*		Contributor Occupation*		N/A		N/A	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
701 Clear Stream Xing																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78753																						
Contributor Employer*		Contributor Occupation*																							
N/A		N/A																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161024</td><td>\$25.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161024	\$25.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161024	\$25.00																								



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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* Timothy Organization Name or Contributor Last Name, as applicable* Thomas Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3403 Santa Monica Contributor City* Austin Contributor Employer* Unity Technology Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78741 Contributor Occupation* Software Engineer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161021 (\$) Contribution Amount* \$10.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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* Chris Organization Name or Contributor Last Name, as applicable* Wojtewicz Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8409 Adirondack Trl Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78759 Contributor Employer* State of Texas Contributor Occupation* Management Analyst
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161007 (\$) Contribution Amount* \$25.00

Add Another Contribution Page