



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Equity Austin <div>2016 NOV 8 PM 2 28 AUSTIN CITY CLERK RECEIVED</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 41182 City* Austin Apartment or Suite Number State* TX Zip Code* 78704
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Marshall Middle Initial Last Name Escamilla Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 4803 Everglade Dr. City Austin Apartment or Suite Number State TX Zip Code 78745
5 REPORT DATE	Date Filed (yyyymmdd)* 20161107

* Indicates a required field



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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: 11/17/16

Ryan Nill

AFFIANT'S SIGNATURE

Ryan Nill

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Ryan Nill

On the 8 day of November, 2016, to certify which witness my hand and official seal.

Aaron Mendonsa

Aaron Mendonsa

Notary Public in and for the State of Texas

Typed or Printed Name of Notary



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* <div>8508 Cross Park Drive</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78754</div>
3 EXPENDITURE DETAILS	Category* <div>Printing Expense</div> Description (If Category is "Other") <div>Direct mail printing</div>		(\$) Expenditure Amount* <div>\$13,572.84</div> Expenditure Date* <div>20161104</div>

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

[illegible]



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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><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Contributor Last Name, as applicable*		<input type="text"/>		Contributor Suffix		<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"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></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"/>		<input type="text"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text"/>		<input type="text"/>	<input type="text"/>	Contributor Employer*		Contributor Occupation*		<input type="text"/>		<input type="text"/>	
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