



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

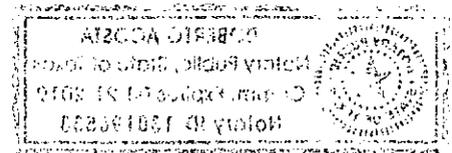
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|  |  |
|--|--|
| <p><b>1</b></p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></p> <p><input type="checkbox"/> Filer is an individual</p> | <p>Committee or Organization Name*</p> <p>Travis County Democratic Party</p>   |
| <p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>   | <p>Address/ PO Box* <span style="float: right;">Apartment or Suite Number</span></p> <p>PO Box 684263 <span style="float: right;"></span></p> <p>City* <span style="float: right;">State*</span> <span style="float: right;">Zip Code*</span></p> <p>Austin <span style="float: right;">TX</span> <span style="float: right;">78768</span></p>     |
| <p><b>3</b></p> <p><b>COMMITTEE TREASURER NAME</b><br/>(if applicable)</p>   | <p>Title <span style="float: right;">First Name</span> <span style="float: right;">Middle Initial</span></p> <p>Hon <span style="float: right;">Vincent</span> <span style="float: right;"></span></p> <p>Last Name <span style="float: right;">Suffix</span></p> <p>Harding <span style="float: right;"></span></p>                               |
| <p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS</b><br/>(if applicable)</p>  | <p>Address/ PO Box <span style="float: right;">Apartment or Suite Number</span></p> <p><span style="float: right;"></span></p> <p>City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span></p> <p><span style="float: right;"></span> <span style="float: right;"></span> <span style="float: right;"></span></p> |
| <p><b>5</b></p> <p><b>REPORT DATE</b></p>  | <p>Date Filed (yyyymmdd)*</p> <p>20161212</p>  |

\* 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: 12/11/2016

Cynthia Hall Flint

AFFIANT'S SIGNATURE

Cynthia Hall Flint

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

CYNTHIA HALL FLINT

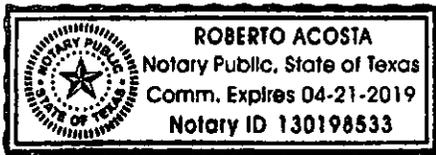
On the 12TH day of DECEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





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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.

|   |   |
|---|---|
| <p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input type="checkbox"/> Contributor is an individual</p> | <p>Organization Name or Contributor Last Name as applicable*</p> <p>Elliott Naishtat Campaign</p>   |
| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>  | <p>Contributor Address / PO Box*      Contributor Apartment or Suite Number</p> <p>6401 Wilbur Dr      </p> <p>Contributor City*      Contributor State*      Contributor Zip Code*</p> <p>Austin      TX      78757-2752</p> <p>Contributor Employer*      Contributor Occupation*</p> <p>      </p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>  | <p>Contribution Date (yyyymmdd)*      (\$) Contribution Amount*</p> <p>20161115      \$500.00</p>   |

**Add Another Contribution Page**



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|  |   |
|--|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable*<br>Graves, Dougherty, Hearon & Moody  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address / PO Box*<br>PO Box 98<br>Contributor Apartment or Suite Number<br><br>Contributor City*<br>Austin<br>Contributor State*<br>TX<br>Contributor Zip Code*<br>78767-0098<br>Contributor Employer*<br><br>Contributor Occupation*<br> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161115<br>(\$) Contribution Amount*<br>\$500.00  |

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|   |  |
|---|--|
| <p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input type="checkbox"/> Contributor is an individual</p> | <p>Organization Name or Contributor Last Name as applicable*</p> <p>VOTE PAC</p>   |
| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>  | <p>Contributor Address / PO Box* <span style="float: right;">Contributor Apartment or Suite Number</span></p> <p>3571 Far West Blvd <span style="float: right;"></span></p> <p>Contributor City* <span style="float: right;">Contributor State*</span> <span style="float: right;">Contributor Zip Code*</span></p> <p>Austin <span style="float: right;">TX</span> <span style="float: right;">78731-3064</span></p> <p>Contributor Employer* <span style="float: right;">Contributor Occupation*</span></p> <p><span style="float: right;"></span></p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>  | <p>Contribution Date (yyyymmdd)* <span style="float: right;">(\$) Contribution Amount*</span></p> <p>20161115 <span style="float: right;">\$500.00</span></p>  |

[Add Another Contribution Page](#)



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

|  |  |
|--|--|
| <p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input checked="" type="checkbox"/> Contributor is an individual</p> | <p>Contributor Title <input type="text"/></p> <p>Contributor First Name* <input type="text" value="Joseph"/></p> <p>Organization Name or Contributor Last Name as applicable* <input type="text" value="Pinnelli"/></p> <p>Contributor Suffix <input type="text"/></p>   |
| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>   | <p>Contributor Address / PO Box* <input type="text" value="PO Box 50038"/></p> <p>Contributor Apartment or Suite Number <input type="text"/></p> <p>Contributor City* <input type="text" value="Austin"/></p> <p>Contributor State* <input type="text" value="TX"/></p> <p>Contributor Zip Code* <input type="text" value="78763-0038"/></p> <p>Contributor Employer* <input type="text" value="Self-Employed"/></p> <p>Contributor Occupation* <input type="text" value="Real Estate"/></p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>   | <p>Contribution Date (yyyymmdd)* <input type="text" value="20161115"/></p> <p>(\$) Contribution Amount* <input type="text" value="\$500.00"/></p>  |

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|   |   |
|---|---|
| <p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input type="checkbox"/> Contributor is an individual</p> | <p>Organization Name or Contributor Last Name as applicable*</p> <p>Regina I Hinojosa Campaign</p>  |
| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>  | <p>Contributor Address / PO Box*      Contributor Apartment or Suite Number</p> <p>2220 Parkway      </p> <p>Contributor City*      Contributor State*      Contributor Zip Code*</p> <p>Austin      TX      78703-3111</p> <p>Contributor Employer*      Contributor Occupation*</p> <p>      </p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>  | <p>Contribution Date (yyyymmdd)*      (\$) Contribution Amount*</p> <p>20161115      \$500.00</p>   |

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|  |   |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
|--|---|---|---------------------------------------|---------------------------------------|--|----------------------|--|-------------------|--------------------|-----------------------|-------------------------------------|---------------------------------|---|-----------------------|-------------------------|--|----------------------|----------------------|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable*<br><input type="text" value="Alison Alter Campaign"/>   |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contributor Address / PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="PO Box 300572"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78703-0010"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><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="PO Box 300572"/> | <input type="text"/> |  | Contributor City* | Contributor State* | Contributor Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78703-0010"/> | Contributor Employer* | Contributor Occupation* |  | <input type="text"/> | <input type="text"/> |  |
| Contributor Address / PO Box*  | Contributor Apartment or Suite Number   |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <input type="text" value="PO Box 300572"/>   | <input type="text"/>  |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| Contributor City*  | Contributor State*  | Contributor Zip Code*                   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <input type="text" value="Austin"/>  | <input type="text" value="TX"/>   | <input type="text" value="78703-0010"/> |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| Contributor Employer*  | Contributor Occupation*   |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <input type="text"/>   | <input type="text"/>  |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contribution Date (yyyymmdd)*</td> <td>(%) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20161202"/></td> <td><input type="text" value="\$2,782.80"/></td> </tr> </table>   | Contribution Date (yyyymmdd)*           | (%) Contribution Amount*              | <input type="text" value="20161202"/> | <input type="text" value="\$2,782.80"/>    |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| Contribution Date (yyyymmdd)*  | (%) Contribution Amount*  |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |
| <input type="text" value="20161202"/>  | <input type="text" value="\$2,782.80"/>   |   |                                       |                                       |  |                      |  |                   |                    |                       |                                     |                                 |   |                       |                         |  |                      |                      |  |

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|  |   |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
|--|---|---|---------------------------------------|--|---|-------------------|--------------------|-----------------------|-------------------------------------|---------------------------------|---|-----------------------|-------------------------|----------------------|----------------------|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable*<br><input type="text" value="Annie's List"/>  |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contributor Address / PO Box*</td> <td style="width: 40%;">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="PO Box 303277"/></td> <td><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78703-0055"/></td> </tr> <tr> <td>Contributor Employer*</td> <td>Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | Contributor Address / PO Box*           | Contributor Apartment or Suite Number | <input type="text" value="PO Box 303277"/> | <input type="text"/>                    | Contributor City* | Contributor State* | Contributor Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78703-0055"/> | Contributor Employer* | Contributor Occupation* | <input type="text"/> | <input type="text"/> |
| Contributor Address / PO Box*  | Contributor Apartment or Suite Number   |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <input type="text" value="PO Box 303277"/>   | <input type="text"/>  |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| Contributor City*  | Contributor State*  | Contributor Zip Code*                   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <input type="text" value="Austin"/>  | <input type="text" value="TX"/>   | <input type="text" value="78703-0055"/> |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| Contributor Employer*  | Contributor Occupation*   |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <input type="text"/>   | <input type="text"/>  |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contribution Date (yyyymmdd)*</td> <td style="width: 40%;">(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20161209"/></td> <td><input type="text" value="\$1,500.00"/></td> </tr> </table>  | Contribution Date (yyyymmdd)*           | (\$) Contribution Amount*             | <input type="text" value="20161209"/>      | <input type="text" value="\$1,500.00"/> |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| Contribution Date (yyyymmdd)*  | (\$) Contribution Amount*   |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |
| <input type="text" value="20161209"/>  | <input type="text" value="\$1,500.00"/>   |   |                                       |  |   |                   |                    |                       |                                     |                                 |   |                       |                         |                      |                      |

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| <p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>  | <p>Contributor Address / PO Box*      Contributor Apartment or Suite Number</p> <p>11720 E 21st St      </p> <p>Contributor City*      Contributor State*      Contributor Zip Code*</p> <p>Tulsa      OK      74129-1824</p> <p>Contributor Employer*      Contributor Occupation*</p> <p>      </p> |
| <p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>  | <p>Contribution Date (yyyymmdd)*      (\$) Contribution Amount*</p> <p>20161209      \$500.00</p>   |

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|--|---|------------------------------------|---------------------------------------|---|---------------------------------------|-------------------|--------------------|-----------------------|-------------------------------------|---------------------------------|------------------------------------|-----------------------|-------------------------|----------------------|----------------------|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable*<br><input type="text" value="Liberal Austin Democrats"/>  |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contributor Address / PO Box*</td> <td style="width: 40%;">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="8600 N FM 620 #210"/></td> <td><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78726"/></td> </tr> <tr> <td>Contributor Employer*</td> <td>Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | Contributor Address / PO Box*      | Contributor Apartment or Suite Number | <input type="text" value="8600 N FM 620 #210"/> | <input type="text"/>                  | Contributor City* | Contributor State* | Contributor Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78726"/> | Contributor Employer* | Contributor Occupation* | <input type="text"/> | <input type="text"/> |
| Contributor Address / PO Box*  | Contributor Apartment or Suite Number   |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <input type="text" value="8600 N FM 620 #210"/>  | <input type="text"/>  |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| Contributor City*  | Contributor State*  | Contributor Zip Code*              |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <input type="text" value="Austin"/>  | <input type="text" value="TX"/>   | <input type="text" value="78726"/> |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| Contributor Employer*  | Contributor Occupation*   |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <input type="text"/>   | <input type="text"/>  |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contribution Date (yyyymmdd)*</td> <td style="width: 40%;">(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20161209"/></td> <td><input type="text" value="\$250.00"/></td> </tr> </table>  | Contribution Date (yyyymmdd)*      | (\$) Contribution Amount*             | <input type="text" value="20161209"/>           | <input type="text" value="\$250.00"/> |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| Contribution Date (yyyymmdd)*  | (\$) Contribution Amount*   |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |
| <input type="text" value="20161209"/>  | <input type="text" value="\$250.00"/>   |                                    |                                       |   |                                       |                   |                    |                       |                                     |                                 |                                    |                       |                         |                      |                      |

[Add Another Contribution Page](#)



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|          |  |  |                                   |   |
|----------|--|--|-----------------------------------|---|
| <b>1</b> | <b>PAYEE NAME</b>  | Payee Title  | Payee First Name*                 |   |
|          |  | <input type="text"/>                                       | <input type="text" value="Liam"/> |   |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable*        |                                   | Payee Suffix                            |
|          |  | <input type="text" value="Morrison"/>                      |                                   | <input type="text"/>                    |
| <b>2</b> | <b>PAYEE ADDRESS</b>   | Payee Address / PO Box*                                    |                                   | Payee Apartment or Suite Number         |
|          |  | <input type="text" value="5804 Breezewood Dr"/>            |                                   | <input type="text"/>                    |
|          |  | Payee City*  | Payee State*                      | Payee Zip Code*                         |
|          |  | <input type="text" value="Austin"/>                        | <input type="text" value="TX"/>   | <input type="text" value="78745-4088"/> |
| <b>3</b> | <b>EXPENDITURE DETAILS</b>                                       | Category*  |                                   | (\$) Expenditure Amount*                |
|          |  | <input type="text" value="Salaries/Wages/Contract labor"/> |                                   | <input type="text" value="\$100.43"/>   |
|          |  | Description (If Category is "Other")                       |                                   | Expenditure Date (yyyymmdd)*            |
|          |  | <input type="text"/>                                       |                                   | <input type="text" value="20161203"/>   |

| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

[Add Another Expenditure Page](#)



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|          |  |  |
|----------|--|--|
| <b>1</b> | <b>PAYEE NAME</b>  | Payee Title <input type="text"/><br>Payee First Name* <input type="text" value="John"/>  |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* <input type="text" value="Wallace"/> Payee Suffix <input type="text"/>                           |
| <b>2</b> | <b>PAYEE ADDRESS</b>   | Payee Address / PO Box* <input type="text" value="9417 Great Hills Trl., #1042"/> Payee Apartment or Suite Number <input type="text"/>               |
|          |  | Payee City* <input type="text" value="Austin"/> Payee State* <input type="text" value="TX"/> Payee Zip Code* <input type="text" value="78731-2525"/> |
| <b>3</b> | <b>EXPENDITURE DETAILS</b>                                       | Category* <input type="text" value="Salaries/Wages/Contract labor"/> (\$ Expenditure Amount* <input type="text" value="\$109.44"/>                   |
|          |  | Description (If Category is "Other") <input type="text"/> Expenditure Date (yyyymmdd)* <input type="text" value="20161203"/>                         |

| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

[Add Another Expenditure Page](#)



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|          |  |  |  |   |
|----------|--|--|--|---|
| <b>1</b> | <b>PAYEE NAME</b>  | Payee Title  | Payee First Name*                      |   |
|          |  | <input type="text"/>                                       | <input type="text" value="Alexander"/> |   |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable*        |  | Payee Suffix                            |
|          |  | <input type="text" value="Wright"/>                        |  | <input type="text"/>                    |
| <b>2</b> | <b>PAYEE ADDRESS</b>   | Payee Address / PO Box*                                    |  | Payee Apartment or Suite Number         |
|          |  | <input type="text" value="803 Tirado St"/>                 |  | <input type="text"/>                    |
|          |  | Payee City*  | Payee State*                           | Payee Zip Code*                         |
|          |  | <input type="text" value="Austin"/>                        | <input type="text" value="TX"/>        | <input type="text" value="78752-4347"/> |
| <b>3</b> | <b>EXPENDITURE DETAILS</b>                                       | Category*  |  | (\$ Expenditure Amount*                 |
|          |  | <input type="text" value="Salaries/Wages/Contract labor"/> |  | <input type="text" value="\$220.38"/>   |
|          |  | Description (If Category is "Other")                       |  | Expenditure Date (yyyymmdd)*            |
|          |  | <input type="text"/>                                       |  | <input type="text" value="20161203"/>   |

| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

**Add Another Expenditure Page**



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|          |  |  |
|----------|--|--|
| <b>1</b> | <b>PAYEE NAME</b>  | Payee Title <input type="text"/> Payee First Name* <input type="text" value="Alexandre"/>  |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* <input type="text" value="Jumeau"/> Payee Suffix <input type="text"/>                            |
| <b>2</b> | <b>PAYEE ADDRESS</b>   | Payee Address / PO Box* <input type="text" value="811 E 11th St"/> Payee Apartment or Suite Number <input type="text"/>                              |
|          |  | Payee City* <input type="text" value="Austin"/> Payee State* <input type="text" value="TX"/> Payee Zip Code* <input type="text" value="78702-1977"/> |
| <b>3</b> | <b>EXPENDITURE DETAILS</b>                                       | Category* <input type="text" value="Salaries/Wages/Contract labor"/> (\$) Expenditure Amount* <input type="text" value="\$282.16"/>                  |
|          |  | Description (If Category is "Other") <input type="text"/> Expenditure Date (yyyymmdd)* <input type="text" value="20161203"/>                         |

| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

[Add Another Expenditure Page](#)



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|  |   |   |   |   |  |  |   |  |  |  |
|--|---|---|---|---|--|--|---|--|--|--|
| <b>1</b>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>PAYEE NAME</b></td> <td style="width: 25%;">Payee Title<br/><input type="text"/></td> <td style="width: 50%;">Payee First Name*<br/><input type="text" value="Jerry"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Contributor is an individual</td> <td>Organization Name or Payee Last Name as applicable*<br/><input type="text" value="Loomis"/></td> <td>Payee Suffix<br/><input type="text"/></td> </tr> </table>   | <b>PAYEE NAME</b>   | Payee Title<br><input type="text"/>   | Payee First Name*<br><input type="text" value="Jerry"/>             | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable*<br><input type="text" value="Loomis"/> | Payee Suffix<br><input type="text"/>                                  |  |  |  |
| <b>PAYEE NAME</b>  | Payee Title<br><input type="text"/>   | Payee First Name*<br><input type="text" value="Jerry"/>               |   |   |  |  |   |  |  |  |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable*<br><input type="text" value="Loomis"/>  | Payee Suffix<br><input type="text"/>                                  |   |   |  |  |   |  |  |  |
| <b>2</b>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>PAYEE ADDRESS</b></td> <td style="width: 40%;">Payee Address / PO Box*<br/><input type="text" value="7201 Wood Hollow Dr"/></td> <td style="width: 40%;">Payee Apartment or Suite Number<br/><input type="text"/></td> </tr> <tr> <td></td> <td>Payee City*<br/><input type="text" value="Austin"/></td> <td>Payee State*<br/><input type="text" value="TX"/></td> </tr> <tr> <td></td> <td></td> <td>Payee Zip Code*<br/><input type="text" value="78731-2525"/></td> </tr> </table> | <b>PAYEE ADDRESS</b>  | Payee Address / PO Box*<br><input type="text" value="7201 Wood Hollow Dr"/> | Payee Apartment or Suite Number<br><input type="text"/>             |  | Payee City*<br><input type="text" value="Austin"/>   | Payee State*<br><input type="text" value="TX"/>                       |  |  | Payee Zip Code*<br><input type="text" value="78731-2525"/> |
| <b>PAYEE ADDRESS</b>   | Payee Address / PO Box*<br><input type="text" value="7201 Wood Hollow Dr"/>   | Payee Apartment or Suite Number<br><input type="text"/>               |   |   |  |  |   |  |  |  |
|  | Payee City*<br><input type="text" value="Austin"/>  | Payee State*<br><input type="text" value="TX"/>                       |   |   |  |  |   |  |  |  |
|  |   | Payee Zip Code*<br><input type="text" value="78731-2525"/>            |   |   |  |  |   |  |  |  |
| <b>3</b>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>EXPENDITURE DETAILS</b></td> <td style="width: 40%;">Category*<br/><input type="text" value="Salaries/Wages/Contract labor"/></td> <td style="width: 40%;">(\$)<br/>Expenditure Amount*<br/><input type="text" value="\$69.03"/></td> </tr> <tr> <td></td> <td>Description (If Category is "Other")<br/><input type="text"/></td> <td>Expenditure Date (yyyymmdd)*<br/><input type="text" value="20161203"/></td> </tr> </table>  | <b>EXPENDITURE DETAILS</b>  | Category*<br><input type="text" value="Salaries/Wages/Contract labor"/>     | (\$)<br>Expenditure Amount*<br><input type="text" value="\$69.03"/> |  | Description (If Category is "Other")<br><input type="text"/>                               | Expenditure Date (yyyymmdd)*<br><input type="text" value="20161203"/> |  |  |  |
| <b>EXPENDITURE DETAILS</b>                                       | Category*<br><input type="text" value="Salaries/Wages/Contract labor"/>   | (\$)<br>Expenditure Amount*<br><input type="text" value="\$69.03"/>   |   |   |  |  |   |  |  |  |
|  | Description (If Category is "Other")<br><input type="text"/>  | Expenditure Date (yyyymmdd)*<br><input type="text" value="20161203"/> |   |   |  |  |   |  |  |  |

|  |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

Add Another Expenditure Page



# Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

# Expenditure

Itemize each expenditure in Sections 1-4.

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

|   |  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
|---|--|-------------------------|---------------------------------|-------------------------------|-----------|---|------------------------------|--------|--------------|-----------------|--|------------|--|
| <b>1</b><br><br><b>PAYEE NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Payee Title</td> <td style="border-bottom: 1px solid black;">Payee First Name*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Alexandra</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Organization Name or Payee Last Name as applicable*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Lopez</td> <td style="border-bottom: 1px solid black;">Payee Suffix</td> </tr> </table>  | Payee Title             | Payee First Name*               |                               | Alexandra | Organization Name or Payee Last Name as applicable* |                              | Lopez  | Payee Suffix |                 |  |            |  |
| Payee Title   | Payee First Name*  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
|   | Alexandra  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Organization Name or Payee Last Name as applicable*   |  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Lopez   | Payee Suffix   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| <b>2</b><br><br><b>PAYEE ADDRESS</b>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Payee Address / PO Box*</td> <td style="border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">7209 Bennett Ave</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Payee Zip Code*</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">78752-2702</td> </tr> </table> | Payee Address / PO Box* | Payee Apartment or Suite Number | 7209 Bennett Ave              |           | Payee City*   | Payee State*                 | Austin | TX           | Payee Zip Code* |  | 78752-2702 |  |
| Payee Address / PO Box*   | Payee Apartment or Suite Number  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| 7209 Bennett Ave  |  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Payee City*   | Payee State*   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Austin  | TX   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Payee Zip Code*   |  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| 78752-2702  |  |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| <b>3</b><br><br><b>EXPENDITURE DETAILS</b>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Category*</td> <td style="border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Salaries/Wages/Contract labor</td> <td style="border-bottom: 1px solid black;">\$232.07</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (If Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date (yyyymmdd)*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">20161203</td> </tr> </table>   | Category*               | (\$) Expenditure Amount*        | Salaries/Wages/Contract labor | \$232.07  | Description (If Category is "Other")                | Expenditure Date (yyyymmdd)* |        | 20161203     |                 |  |            |  |
| Category*   | (\$) Expenditure Amount*   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Salaries/Wages/Contract labor   | \$232.07   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
| Description (If Category is "Other")  | Expenditure Date (yyyymmdd)*   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |
|   | 20161203   |                         |                                 |                               |           |   |                              |        |              |                 |  |            |  |

|  |                                      |                               |                             |
|--|--------------------------------------|-------------------------------|-----------------------------|
| <b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.</b> |                                      |                               |                             |
| Candidate Last Name or Ballot Measure Supported/Opposed*   | Candidate First Name (if applicable) | Office Sought (if applicable) | Office Held (if applicable) |
| Alter  | Alison                               |                               |                             |

Add Another Expenditure Page