# OCC RECEIVED AT OCT 23'18 PM3:07

1	Committee or Organization	on Name*		
INDIVIDUAL	The Real Estate Council of Austin, Inc. Advancing Democracy PAC			
OR ORGANIZATION				
NAME  Filer is an individual	,			
	,			
2 INDIVIDUAL OR	Address/ PO Box*		Apartment or Suit	e Number
ORGANIZATION	98 San Jacinto Blvd.		Suite 510	
ADDRESS	City*		State*	Zip Code*
7.001.000	Austin		тх	78701
COMMITTEE TREASURER	Title First Na	ime	M	iddle Initial
NAME	Last Name		Suffix	
(if applicable)	Harris			
4	Address/ PO Box		Apartment or Suit	e Number
COMMITTEE TREASURER	98 San Jacinto Blvd.		Suite 510	
ADDRESS	City		State	Zip Code
(if applicable)	Austin		тх	78701
5	Date Filed (yyyymmdd)*			
REPORT DATE	20181023			

<sup>\*</sup> Indicates a required field



#### **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: 10123

**AFFIANT'S SIGNATURE** 

Geoffry Tahuahu

PRINT NAME

STATE OF TEXAS

**COUNTY OF TRAVIS** 

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

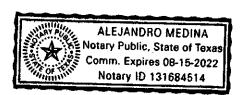
Reoffrey Tahuahua

day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

Alejandro Medina





# **Expenditure**

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE  NAME  Payee is an individual	Organization Name or Payee Last Name, as applicable*  Upstream Communications LP		
2	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	811 Trinity St	Unit A	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78701
3	Category*	(\$) Expenditure Am	rount*
EXPENDITURE	Advertising Expense	\$8,095.69	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20181019	

Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Sabino		Austin City Council, District
	•	·-
		·
	(if applicable) Sabino	(if applicable)  Sabino  (if applicable)



## **Expenditure**

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Upstream Communications LP		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	811 Trinity St.		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78701
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$8,631.99	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20181019	

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)
Harper-Madison	Natasha	Austin City Council, District 1	
	•		
			-
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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.

ata.		
inization Name or Contributor Last Name, as applicable*		
Real Estate Council of Austin, Inc. Business M/PAC		
ributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
an Jacinto Blvd	Suite 510	
ributor City*	Contributor State*	Contributor Zip Code*
in	тх	78701
ributor Employer*	Contributor Occupat	ion*
	N/A	
ribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
31019	\$40,000.00	
F : : : : : : : : : : : : : : : : : : :	Real Estate Council of Austin, Inc. Business M/PAC  ributor Address/ PO Box*  an Jacinto Blvd  ributor City*  in  ributor Employer*  ributor Date (yyyymmdd)*	Real Estate Council of Austin, Inc. Business M/PAC  ributor Address/ PO Box*  Contributor Apartme Suite 510  Contributor State*  TX  ributor Employer*  Contributor Occupat N/A  ribution Date (yyyymmdd)*  (\$) Contribution Am



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1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable *		
	Pape-Dawson Engineers, Inc		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2000 NW Loop 410		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	San Antonio	тх	78213
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	N/A	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION	20181017	\$2,500.00	
DETAILS			



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	<u>.</u>		
1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	The Hay Legal Group PLLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	611 W. 5th Street	Suite 300	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701
EMPLOYER	Contributor Employer*	Contributor Occupat	tion*
	N/A	N/A	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20181009	\$2,500.00	



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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.

1	,		
CONTRIBUTOR			i
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		İ
	Charles N White Construction Company		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2705 Bee Caves Rd	Suite 250	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78746
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	N/A	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20181010	\$2,500.00	
	i e e e e e e e e e e e e e e e e e e e		



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_	,		
1			
CONTRIBUTOR		•	
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Rusty Investments LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	5603 Lakemoore Dr		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78731
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	N/A	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION			ount
DETAILS	20181010	\$500.00	



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CONTRIBUTOR  NAME  Contributor is an individual	Organization Name or Contributor Last Name, as applicable* FourT Realty LLC		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  1601 Rio Grande  Contributor City*  Austin  Contributor Employer*  N/A	Contributor Apartme Ste 333  Contributor State*  TX  Contributor Occupat	Contributor Zip Code*  78701
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181010	(\$) Contribution Am \$2,500.00	ount*



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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.

Organization Name or Contributor Last Name, as applicable*	
Morrison & Head LLP	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number
4210 Spicewood Springs Rd	Suite 211
Contributor City*	Contributor State * Contributor Zip Code *
Austin	TX   78759
Contributor Employer*	Contributor Occupation*
N/A	N/A
Contribution Date (	IC Cantribution Amount*
	(\$) Contribution Amount*
20181010	\$2,500.00
	Morrison & Head LLP  Contributor Address/ PO Box*  4210 Spicewood Springs Rd  Contributor City*  Austin  Contributor Employer*

Add Another Contribution Refe