

OCC RECEIVED AT OCT 31'18 PM3:50

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1	Committee Name*			
. COMMITTEE NAME	Vote Yes on Prop K			
2 .	Address/ PO Box	Apartment o	Apartment or Suite Number	
COMMITTEE	806 Jewell St			
ADDRESS	City	State	Zip Code	
	Austin	ТХ	78704	
3 COMMITTEE TREASURER	Title First Name		Middle Initial	
NAME	Nickname Last Name Searle		Suffix	
	Address/ PO Box	Apartment o	r Suite Number	
4	806 Jewell St			
	City	State	Zip Code	
ADDRESS	Austin	ТХ	78704	
5	Start Date (yyyymmdd)*	End Date	e (yyyymmdd)*	
REPORTING PERIOD	20181029	THROUGH 2018103	30	
COMMITTEE TREASURER ADDRESS	Address/ PO Box 806 Jewell St City Austin Start Date (yyyymmdd)*	State TX End Date	Zip Code 78704 e (yyyymmdd)*	

^{*} Indicates a required field

6 SCHEDULES	\boxtimes	Schedule ATX.7A - Pre-Election Report of Contributions
ATTACHED		
Check box for each form attached		Schedule ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the 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



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Brad Organization Name or Contributor Last Name, as applicable* Parsons	Contributor Suffix	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	3571 Far West Blvd	58	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND	Austin .	TX 78731	
EMPLOYER	Contributor Employer	Contributor Occupation	
	Self Employed	Self Employed	
· , ·	Per City Code 2-2-29(d), employer and occupation are required to	for individuals whose contribution is \$200 or more	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION	20181029	\$50.00	
DETAILS	In-Kind Contribution Description, if applicable		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Michael	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Searle	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	806 Jewell St	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78704
EMPLOYER	Contributor Employer	Contributor Occupation
	Non-Profit	Executive Director
	Per City Code 2-2-29(d), employer and occupation are required f	or individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181029	\$500.00
DETAILS	In-Kind Contribution Description, if applicable	·
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Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1		
CONTRIBUTOR	Contributor Title Contributor First Name*	
NAME	Fred	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Heldenfels	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	1204 Havre Lafitte Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78746
EMPLOYER	Contributor Employer	Contributor Occupation
	Heldenfels Enterprises, Inc	President
	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181029	
DETAILS	In-Kind Contribution Description, if applicable	



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Brian Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
-	Talley	
2 CONTRIBUTOR ADDRESS	Contributor Address/ PO Box* 3805 Meandering Creek Cv Contributor City*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code*
` AND	Austin	TX 78746
EMPLOYER	Contributor Employer	Contributor Occupation
	Self ·	Realtor
	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181030	\$100.00
DETAILS	In-Kind Contribution Description, if applicable	
		•



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* James	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Skaggs	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3939 Bee Cave Rd Contributor City* West Lake Hills Contributor Employer Retired Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78746 Contributor Occupation Retired d for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181030 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$200.00



Pre-Election Report of Expenditures: Schedule ATX.7F

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct** Campaign Expenditures

* Indicates a required field

1	·		
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Rumble Up		
2	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE			
ADDRESS	Payee City*	Payee State* Payee Zip Code*	
, ,			
3	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Other (use Description field)	\$357.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	Text Message Program	20181030	

Add Another Expenditure Page



Pre-Election Report of Expenditures: Schedule ATX.7F

Expenditure

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form ATX.1: Report of Direct **Campaign Expenditures**

* Indicates a required field

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1			a .
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Benezet Consulting, LLC		
2	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	3800 Creek Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Dripping Springs	TX	78620
3	Category*	(\$) Expenditure Am	oount*
EXPENDITURE	Salaries/Wages/Contract labor	\$6,868.50	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20181030	
	<u> </u>		

Add Another Expenditure Page