



Report Of Direct Campaign Expenditures: Schedule ATX.1

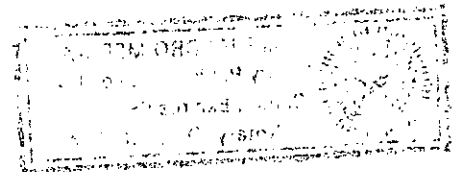
(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
NOV 2 '18 PM3:47

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>No on Prop J SPAC</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>815A Brazos Street #175</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Angela</div> Middle Initial <div></div> Last Name <div>De Hoyos Hart</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>4900 Dry Creek Trail</div> City <div>Austin</div> Apartment or Suite Number <div></div> State <div>TX</div> Zip Code <div>78749</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181102</div>

* 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:

11/21/18

AFFIANT'S SIGNATURE

ANGELA DE HOYOS HART

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

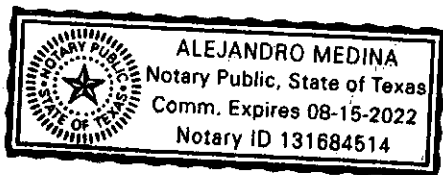
Angela De Hoyos Hart

On the 2 day of November, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Alejandra Medina

Typed or Printed Name of Notary





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

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	<table border="1"> <tr> <td>Payee Title</td> <td colspan="2">Payee First Name*</td> </tr> <tr> <td></td> <td colspan="2">Mark</td> </tr> <tr> <td colspan="2">Organization Name or Payee Last Name, as applicable *</td> <td>Payee Suffix</td> </tr> <tr> <td colspan="2">Littlefield</td> <td></td> </tr> </table>	Payee Title	Payee First Name*			Mark		Organization Name or Payee Last Name, as applicable *		Payee Suffix	Littlefield						
Payee Title	Payee First Name*																
	Mark																
Organization Name or Payee Last Name, as applicable *		Payee Suffix															
Littlefield																	
2 PAYEE ADDRESS	<table border="1"> <tr> <td colspan="2">Payee Address/ PO Box*</td> <td colspan="2">Payee Apartment or Suite Number</td> </tr> <tr> <td colspan="2">7906 Henry Kinney Row</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Payee City*</td> <td>Payee State*</td> <td>Payee Zip Code*</td> </tr> <tr> <td colspan="2">Austin</td> <td>TX</td> <td>78749</td> </tr> </table>	Payee Address/ PO Box*		Payee Apartment or Suite Number		7906 Henry Kinney Row				Payee City*		Payee State*	Payee Zip Code*	Austin		TX	78749
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3 EXPENDITURE DETAILS	<table border="1"> <tr> <td>Category*</td> <td>(\$) Expenditure Amount*</td> </tr> <tr> <td>Polling Expense</td> <td>\$514.80</td> </tr> <tr> <td>Description (If Category is "Other")</td> <td>Expenditure Date*</td> </tr> <tr> <td></td> <td>20181101</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Polling Expense	\$514.80	Description (If Category is "Other")	Expenditure Date*		20181101								
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	20181101																

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>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text"/></td><td><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*	Contributor Suffix	<input type="text"/>	<input type="text"/>										
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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text"/></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"/></td><td><input type="text"/></td><td><input type="text"/></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"/>	<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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Add Another Contribution Page