



Pre-Election Report Candidates and Officeholders Form ATX.700H

OCC RECEIVED AT
NOV 2 '18 PM3:56

Use this form to report contributions received, expenditures made from personal funds, or loans made from personal funds 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: Candidates and Officeholders Instruction Guide**

1	FILER NAME	Title	First Name*	Middle Initial
			Stephen	
		Nickname	Last Name*	Suffix
			Adler	
2	FILER ADDRESS	Address/ PO Box		Apartment or Suite Number
		301 W 2nd Street		
		City	State	Zip Code
		Austin	TX	78701
3	CAMPAIGN TREASURER NAME	Title	First Name	Middle Initial
			Eugene	
		Nickname	Last Name	Suffix
			Sepulveda	
4	CAMPAIGN TREASURER ADDRESS	Address/ PO Box		Apartment or Suite Number
		3114 Wheeler Street		
		City	State	Zip Code
		Austin	TX	78705
5	REPORTING PERIOD AND OFFICE INFORMATION	Start Date (yyyymmdd)*		End Date (yyyymmdd)*
		20181028		THROUGH 20181101
		Office Sought	Office Held, if applicable	
		Mayor	Mayor	

* Indicates a required field

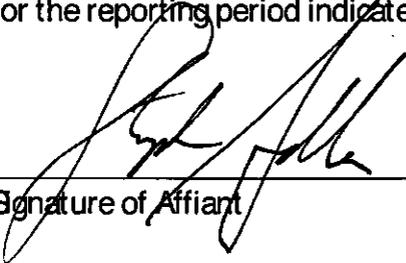


**Pre-Election Report
Candidates and Officeholders
Form ATX.700H**

<p>6</p> <p>SCHEDULES ATTACHED</p> <p><i>Check box for each form attached</i></p>	<p><input checked="" type="checkbox"/> Schedule ATX.7A - Pre-Election Report of Contributions</p> <p><input type="checkbox"/> Schedule ATX.7E: Loans Made from Personal Funds</p> <p><input type="checkbox"/> Schedule ATX.7G: Expenditures Made from Personal Funds</p>
--	--

AFFIDAVIT

By signature below, I certify that the preceding 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 ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Ann"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Kitchen"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2401 Briargrove Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-2701"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="City of Austin"/> <input type="text" value="City Council"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Margaret Ann"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Gardner"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="6916 Larue Belle Cv"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="7839-2067"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$125.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

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*	
	<input type="text"/>	<input type="text" value="Fred"/>	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
	<input type="text" value="Grampp"/>		<input type="text"/>
	2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
<input type="text" value="10608 Hard Rock Rd"/>		<input type="text"/>	
Contributor City*		Contributor State*	Contributor Zip Code*
<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78750-2039"/>
Contributor Employer		Contributor Occupation	
<input type="text"/>		<input type="text"/>	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
	<input type="text" value="20181028"/>		<input type="text" value="\$25.00"/>
In-Kind Contribution Description, if applicable			
<input type="text"/>			

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Karen"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Grampp"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="10608 Hard Rock Rd"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78750-2039"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Beth"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Goff McMillan"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="6301 E Stassney Ln"/> <input type="text" value="Bldg 9-100"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78744-3069"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="SKG"/> <input type="text" value="CEO"/></p> <p>Per Qty Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Mark"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Yznaga"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2401 Briargrove Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-2701"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Self Employed"/> <input type="text" value="Consultant"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Blaine"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="McMillan"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="6301 E Stassney Ln"/> <input type="text" value="Bldg 9-100"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78744-3069"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Vigilanz"/> <input type="text" value="VP Regional Sales"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181028"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Herbert"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Fike"/> <input type="text" value="Jr."/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3939 Bee Caves Rd"/> <input type="text" value="Ste A100"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="West Lake Hills"/> <input type="text" value="TX"/> <input type="text" value="78746-6429"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="The Sutton Company"/> <input type="text" value="Chairman & Co-owner"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Wallace"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Scott"/> <input type="text" value="III"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2901 Oakhurst Ave"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-1951"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="The Sutton Company"/> <input type="text" value="President & General Counsel"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount)*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX 700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Tom"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Stacy"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ FO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="7600 N Capital Of Texas Hwy"/> <input type="text" value="Bldg. B, Ste 130"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-1184"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="CapFledge Partners"/> <input type="text" value="Co-Founder"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

Add Another Contribution Page



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Melinda"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Stacy"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="7600 N Capital Of Texas Hwy"/> <input type="text" value="Bldg. B, Ste 130"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-1184"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Yoga Vida"/> <input type="text" value="Yoga instructor"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX.700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Greg"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Cohen"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="12312 Alcanza Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78739-1962"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Change Healthcare"/> <input type="text" value="Executive"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Roger"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Beasley"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="6503 Santolina Cv"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-2806"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Roger Beasley Mazda"/> <input type="text" value="Auto Dealer"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Karen"/>	
CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Beasley"/> <input type="text"/>	
<input checked="" type="checkbox"/> Contributor is an individual		
2	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="6503 Santolina Cv"/> <input type="text"/>	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-2806"/>	
	Contributor Employer Contributor Occupation <input type="text" value="Fogor Beasley Mazda"/> <input type="text" value="Controller"/>	
	<small>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</small>	
3	Contribution Date (yyyymmdd)* (\$ Contribution Amount* <input type="text" value="20181029"/> <input type="text" value="\$350.00"/>	
CONTRIBUTION DETAILS	In-Kind Contribution Description, if applicable <input type="text"/>	

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Schiller"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Liao"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="1206 Wilderness Cv"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-6729"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181029"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

Add Another Contribution Page



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

(Attach to Form ATX.7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Amanda"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Brown"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3402 Cedar St"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78705-1414"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title	Contributor First Name*	
		AI	
	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Braden		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	2810 W Fresco Dr		
	Contributor City*	Contributor State*	Contributor Zip Code*
	Austin	TX	78731-5022
	Contributor Employer	Contributor Occupation	
	Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	20181030	\$100.00	
	In-Kind Contribution Description, if applicable		

Add Another Contribution Page



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

(Attach to Form ATX.7COH Coversheet)

Contribution

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*		
		Shaun		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	Garity			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	700 Franklin Blvd		Apt 206	
	Contributor City*		Contributor State*	Contributor Zip Code*
	Austin		TX	78751-1835
	Contributor Employer		Contributor Occupation	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
	20181030		\$100.00	
In-Kind Contribution Description, if applicable				

Add Another Contribution Page



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="John"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Vadala"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="5717 Walser Cv"/> <input type="text"/></p> <p>Contributor Qty* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78735-1819"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181030"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Carolyn"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="McDermott"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="4391 Lakeway Blvd"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78734-5021"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="None"/> <input type="text" value="Retired"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Frank"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Cooksey"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2208 Matthews Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-2019"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per Qty Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181030"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Steve"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Aycock"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2605 Great Oaks Pkwy"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78756-2909"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per Qty Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Elyse"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Yates"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2301 Amur Dr"/> <input type="text" value="Ste 200"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78745-2065"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Influence Opinions"/> <input type="text" value="Consultant"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

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*	
		Frank	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Seely		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	PO Box 50270		
	Contributor City*	Contributor State*	Contributor Zip Code*
	Austin	TX	78763-0270
	Contributor Employer	Contributor Occupation	
Self Employed	Real Estate		
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	
	20181030	\$250.00	
In-Kind Contribution Description, if applicable			

Add Another Contribution Page



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Paulette"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Gibbins"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="1915 Karen Ave"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78757-2807"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$50.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Charles"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="McDonald"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3001 Silverleaf Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78757-1608"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX.7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Gregory"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Tyler"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="10416 Peonia Ct"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78733-5709"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$50.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

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*		
		Brian		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	Donnelly			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	1711 W 11th St		Unit A	
	Contributor City*		Contributor State*	Contributor Zip Code*
	Austin		TX	78703-3962
	Contributor Employer		Contributor Occupation	
	Self Employed		Financial Services	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
	20181031		\$250.00	
In-Kind Contribution Description, if applicable				

[Add Another Contribution Page](#)



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

(Attach to Form ATX.700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="James"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Monroe"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="1500 Crossing Pl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78741-3370"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$50.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="David"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Lang"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="7805 Cheno Cortina Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78749-2717"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="The Line Hotel"/> <input type="text" value="General Manager"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Scott"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Blalock"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="8204 Talbot Ln"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-4918"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Marriott Hotel"/> <input type="text" value="Manager"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Robert"/>	
CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Hagelberg"/> <input type="text"/>	
<input checked="" type="checkbox"/> Contributor is an individual		
2	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3206 Enfield Rd"/> <input type="text"/>	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3607"/>	
	Contributor Employer Contributor Occupation <input type="text" value="Four Seasons Hotel"/> <input type="text" value="General Manager"/>	
	<small>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</small>	
3	Contribution Date (yyyymmdd)* (\$ Contribution Amount* <input type="text" value="20181031"/> <input type="text" value="\$350.00"/>	
CONTRIBUTION DETAILS	In-Kind Contribution Description, if applicable <input type="text"/>	

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Rob"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Gillette"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="14 Falling Oaks Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="The Hills"/> <input type="text" value="TX"/> <input type="text" value="78738-1330"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Renaissance Hotel"/> <input type="text" value="General Manager"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$250.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Andrew"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Zinni"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="5302 Austral Loop"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78739-1710"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Courtyard Residences"/> <input type="text" value="General Manager"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$200.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Denise"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Eisman"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="703 Caribou Ridge Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Pflugerville"/> <input type="text" value="TX"/> <input type="text" value="78660-3707"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Austin Hotel & Lodging Association"/> <input type="text" value="President"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="James"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Eisman"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="703 Caribou Ridge Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78660-3707"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Federal Bureau"/> <input type="text" value="Law Enforcement"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX.7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Daphne"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Vaughan"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2403 Sweetbrush Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-1521"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX.7COH Coversheet)

Contribution

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*		
		Ben		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	Vaughan			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	2403 Sweetbrush Dr			
	Contributor City*		Contributor State*	Contributor Zip Code*
	Austin		TX	78703-1521
	Contributor Employer		Contributor Occupation	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$ Contribution Amount*	
	20181031		\$100.00	
In-Kind Contribution Description, if applicable				

Add Another Contribution Page



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

(Attach to Form ATX 700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Ross"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Eubanks"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="186 Leafdale Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Dripping Springs"/> <input type="text" value="TX"/> <input type="text" value="78620-4129"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Dunaway Associates"/> <input type="text" value="Vice President"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Kerrie"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Eubanks"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="186 Leafdale Trl"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Dripping Springs"/> <input type="text" value="TX"/> <input type="text" value="78620-4129"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="None"/> <input type="text" value="None"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Melesio"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Casas"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="1821 Westlake Dr"/> <input type="text" value="#108"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-3731"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181031"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title	Contributor First Name*		
			Kim		
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix		
		Farr			
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		4 Rocky River Cv			
		Contributor City*		Contributor State*	Contributor Zip Code*
		West Lake Hills		TX	78746-5362
		Contributor Employer		Contributor Occupation	
		Riverbend Church	Finance/HR Director		
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more					
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$ Contribution Amount*	
		20181101		\$350.00	
		In-Kind Contribution Description, if applicable			

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="John"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Farr"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="4 Rocky River Cv"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="West Lake Hills"/> <input type="text" value="TX"/> <input type="text" value="78746-5362"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="None"/> <input type="text" value="Retired"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount)*</p> <p><input type="text" value="20181101"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX 700H Coversheet)

Contribution

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*		
	<input type="text"/>	<input type="text" value="Robert"/>		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	<input type="text" value="Jones"/>		<input type="text"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	<input type="text" value="5508 Nelson Oaks Dr"/>		<input type="text"/>	
	Contributor City*		Contributor State*	Contributor Zip Code*
	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78724-7237"/>
	Contributor Employer		Contributor Occupation	
<input type="text" value="Environmental Defense Fund"/>		<input type="text" value="Director"/>		
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
	<input type="text" value="20181101"/>		<input type="text" value="\$350.00"/>	
In-Kind Contribution Description, if applicable				
<input type="text"/>				

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Shannon"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Moody"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2902 Enfield Rd"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3604"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181101"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="William"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Formby"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3825 Lake Austin Blvd"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3508"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Self Employed"/> <input type="text" value="Investor"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181101"/> <input type="text" value="\$250.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX 700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Katrine"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Formby"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3825 Lake Austin Blvd"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3508"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Self Employed"/> <input type="text" value="Investor"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181101"/> <input type="text" value="\$250.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX.700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Donald"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Stuart"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="4105 Long Champ Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-1150"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Metcalfe Wolff Stuart & Williams, LLP"/> <input type="text" value="Attorney"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181101"/> <input type="text" value="\$225.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Loraine"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Stuart"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="4105 Long Champ Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-1150"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="None"/> <input type="text" value="None"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181101"/> <input type="text" value="\$225.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

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*		
		Ari		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	Kuchinsky			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	12213 Lake Stone Dr			
	Contributor City*		Contributor State*	Contributor Zip Code*
	Austin		TX	78738-5493
	Contributor Employer		Contributor Occupation	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
	20181101		\$100.00	
In-Kind Contribution Description, if applicable				

Add Another Contribution Page



Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Carter"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Williams"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="8209 Dark Ridge Cv"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78737-3511"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181101"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX7COH Coversheet)

Contribution

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*		
	<input type="text"/>	<input type="text" value="Talley"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
	<input type="text" value="Williams"/>		<input type="text"/>	
3 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
	<input type="text" value="8209 Dark Ridge Cv"/>		<input type="text"/>	
	Contributor City*		Contributor State*	Contributor Zip Code*
	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78737-3511"/>
	Contributor Employer		Contributor Occupation	
	<input type="text"/>		<input type="text"/>	
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more				
3 CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
	<input type="text" value="20181101"/>		<input type="text" value="\$25.00"/>	
In-Kind Contribution Description, if applicable				
<input type="text"/>				

[Add Another Contribution Page](#)



Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX 700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Todd"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Hotz"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="6111 Highland Hills Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-4101"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*)</p> <p><input type="text" value="20181101"/> <input type="text" value="\$100.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX 700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Bridget"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Sharporn"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="2706 Twin Oaks Dr."/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78757-2738"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181101"/> <input type="text" value="\$50.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



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

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Todd"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Olson"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3101 Perry Ln"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-5341"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="Upstream"/> <input type="text" value="Consultant"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount)*</p> <p><input type="text" value="20181101"/> <input type="text" value="\$350.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

[Add Another Contribution Page](#)



Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX700H Coversheet)

Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Zachary"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Brown"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="3402 Cedar St"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78705-1414"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text"/> <input type="text"/></p> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$ Contribution Amount*</p> <p><input type="text" value="20181030"/> <input type="text" value="\$25.00"/></p> <p>In-Kind Contribution Description, if applicable</p> <p><input type="text"/></p>

Add Another Contribution Page



**Pre-Election Report of Expenditures
Made From Personal Funds: Schedule ATX.7G**

Expenditure

(Attach to Form ATX.700H Coversheet)

Itemize each expenditure made from personal funds 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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width: 100%;" type="text"/>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <input style="width: 100%;" type="text"/>	Payee Apartment or Suite Number <input style="width: 100%;" type="text"/>	Payee City* <input style="width: 100%;" type="text"/>
	Payee State* <input style="width: 100%;" type="text"/>	Payee Zip Code* <input style="width: 100%;" type="text"/>	
3 EXPENDITURE DETAILS	Category* <input style="width: 100%;" type="text"/>	(\$) Expenditure Amount* <input style="width: 100%;" type="text"/>	Expenditure Date* <input style="width: 100%;" type="text"/>
	Description (If Category is "Other") <input style="width: 100%;" type="text"/>		

Add Another Expenditure Page