OCC RECEIVED AT NOV 13'18 PM3:49

1	Committee or Organization Name*	·		
INDIVIDUAL	Fair Play Austin PAC			
OR				
ORGANIZATION				
NAME				
Filer is an individual			,	
			·	
2	Address/ PO Box*	Apartment or S	Suite Number	
INDIVIDUAL OR	PO Box 2383			
ORGANIZATION	City*	State*	Zip Code*	
ADDRESS	Austin	TX	78768	
3				
COMMITTEE TREASURER	Title First Name		Middle Initial	
NAME	Catherine			
	Last Name S			
(if applicable)	Toran		·	
4 .	Address/ PO Box	Apartment or !	Suite Number	
COMMITTEE TREASURER	PO Box 2383			
ADDRESS	City	State	Zip Code	
(if applicable)	Austin	тх	78768	
5 REPORT DATE	Date Filed (yyyymmdd)*			
REPORT DATE	20181113			

^{*} Indicates a required field



6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: NOV 12, 2018

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

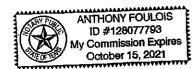
15th

day of November 2018

. to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





Expenditure

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

PAYEE				•		
NAME	Organizatio	n Name or Payee Last Name, as applicable*	·.			
Payee is an individual	CAC Advisir	g Group		•		
2	Payee Addr	ess/ PO Box*		Payee Apartment or	Suite Number	
PAYEE	301 Colorad	do Blvd	· ·			
ADDRESS	ADDRESS Payee City*			Payee State*	Payee Zip Code*	
	Denver	· · · · · · · · · · · · · · · · · · ·		со	80206	
3	Category*			(\$) Expenditure Am	ount*	
EXPENDITURE		eges/Contract labor		\$50,000.00		
DETAILS	Description			Expenditure Date*	diture Date*	
			20181105			
<u> </u>			<u> </u>			
A laboratify pook condidate o	r hallat m	easure supported or opposed by t	he abo	ve expenditure.	as applicable	
4 Identity each candidate o	ir banot iii	casaire supported or opposed by t	ije abc	ove experiareare,	as app	
Candidate Last Name or Ballot I		Candidate First Name (if applicable)	ile abc	Office Sought (if applicable)	Office Held (if applicable)	
		Candidate First Name	lie abc	Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	
Candidate Last Name or Ballot I Supported/Opposed*		Candidate First Name		Office Sought	Office Held	



Expenditure

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

PAYEE		•				
NAME	Organization	n Name or Payee Last Name, as applicable*	_		,	
Payee is an Individual	CAC Advisin	g Group				
2	Payee Addre	ess/ PO Box*		Payee Apartment	or Suite Number	
PAYEE	301 Colorado Blvd					
ADDRESS	Payee City*			Payee State*	Payee Zip Code*	
	Denver		<u> </u>	СО	80206	
3	Category*		<u> </u>	(\$) Expenditure A	mount*	
EXPENDITURE	Salaries/Wa	ges/Contract labor	1	\$17,831.00		
DETAILS	Description	(If Category is "Other")		Expenditure Date	*	
				20181109		
479349			<u> </u>	· ·		
4 Identify each candidate o	or ballot me	easure supported or opposed by t	he al	bove expenditure	e, as applicable	
Candidate Last Name or Ballot Supported/Opposed*	Measure	Candidate First Name (if applicable)		Office Sought (if applicable)	Office Held (if applicable)	
Petition for sports arena ordinance						
		*				
			<u> </u>			
·		· · · · · · · · · · · · · · · · · · ·				
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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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Robert Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Epstein		
2	Contributor Address/ PO Box*	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	5000 Plaza on the Lake	Suite 180	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78768
EMPLOYER	Contributor Employer*	Contributor Occupa	ition*
	Prophet Capital Management	General Partner	
SCANTEIN LITTON	Contribution Date (yyyymmdd)*	(\$) Contribution Ar	nount*
CONTRIBUTION DETAILS	20181105	\$50,000.00	



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	Contributor Title Contributor First Name*		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
_	Epstein		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	5000 Plaza on the Lake	Suite 180	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78746
EMPLOYER	Contributor Employer*	Contributor Occupat	tion*
	Prophet Capital Management	General Partner	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181109	\$17,831.00	

Add Another Contribution Page