OCC RECEIVED AT DEC 7'18 PK3:27

1			- 11.	
	Committee or Organization Name*			
INDIVIDUAL	Peoples PAC			
OR			•	
ORGANIZATION				
NAME		•		
Filer is an individual				
•				
		•		
•				
2	Address/ PO Box* Apartment o		or Suite Number	
INDIVIDUAL OR	2008 Haskell			
ORGÁNIZATION	City*	State*	Zip Code*	
ADDRESS	Austin	тх	78702	
	[Austri	.[70702	
3	Title First Name	Mi	ddle Initial	
COMMITTEE TREASURER	Elisa	R		
NAME	L			
(if applicable)		uffix		
	Montoya			
		A	, Bl	
4	Address/ PO Box	Apartment or Suite	e Number	
COMMITTEE TREASURER	2008 Haskell			
ADDRESS	City	State	Zip Code	
(if applicable)	Austin	TX	78701	
5				
REPORT DATE	Date Filed (yyyymmdd)*			
NET ON DATE	20181207			

^{*} Indicates a required field

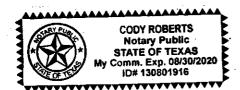


6 AFFIDAVIT

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:	
Else K Mantage	Elisa R. Montoga
AFFIANT'S SIGNATURE	PRINT NAME
STATE OF TEXAS COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and subscrib	bed before me by
On the 1 day of December,	1018, to certify which witness my hand and official seal.
	Cody Roberts





Expenditure

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

PAYEE		•
NAME	Organization Name or Payee Last Name, as applicable*	
Payee is an individual	Worley Printing	
	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	3217 IH 35 North	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
·	Austin	TX 78722
	Category*	(\$) Expenditure Amount*
EXPENDITURE	Printing Expense	\$1,859.19
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20181206

Candidate Last Name or Ballot Measure Supported/Opposed*	. Car	Candidate First Name (if applicable)		e Sought oplicable)	Office Held (if applicable)
ppose-Renteria	Pio		Dist 3	,	Dist 3
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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* Ed Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1601 S MoPAC #175 Contributor City* Austin Contributor Employer* Cypress Real Estate Advisors	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78746 Contributor Occupation* developer	
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181205	(\$) Contribution Amount* \$500.00	

Add Another Contribution Page