

1	Committee or Organization Name*		
INDIVIDUAL	Home Builders Association of Greater Austin HomePAC Personal		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
,			
2			
INDIVIDUAL OR.	Address/ PO Box*	Apartment or Su	ite Number
ORGANIZATION	8140 Exchange Drive		
ADDRESS	City*	State*	Zip Code*
,	Austin	TX	78754
3	Title First Name		/iddle Initial
COMMITTEE TREASURER	Ms. Emily	K	
NAME		Suffix	
(if applicable)	Lubbers Blair		
] L	!	
4	Address/ PO Box	Apartment or Su	ite Number
COMMITTEE TREASURER			
ADDRESS	City	State	Zip Code
(if applicable)			
5	Described (managed 41)*		
REPORT DATE	Date Filed (yyyymmdd)* 20181108		
	20101100		

^{*} Indicates a required field



1

NY COMM. EXP. 07/31/2021 NOTARY ID 13123143-3

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: 12/19/18		
_ Q2	Enity state (Live	3EG)
AFFIANT'S SIGNATURE	PRINT NAME	
STATE OF TEXAS		
COUNTY OF TRAVIS		
This instrument was acknowledged, sworn to and s	subscribed before me by	
Emily Kate Blair	·	
On the 19th day of December	, 2018, to certify which witness my ha	nd and official seal.
Upiihl Horga	Maribel Gonzalez	
Notary Public in and for the State of Texas	Typed or Printed Name of Notary	
MARIBEL GONZALEZ NOTARY PUBLIC STATE OF TEXAS		\$ 5



Expenditure

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

1	,		
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Majority Strategies LLC		
2	Payee Address/ PO Box*	Payee Apartment o	or Suite Number
PAYEE	12854 Kenan Drive	145	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Jacksonville	FL	32258
3	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Advertising Expense	\$4,350.73	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20181025	
	<u>.</u>		

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Skidmore	Danielle	City Council D9	



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* Ms Amber Organization Name or Contributor Last Name, as applicable* Prescott	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2804 Longhorn Drive Contributor City* Austin Contributor Employer* MLAW Engineers	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78758 Contributor Occupation* Business Development
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180930	(\$) Contribution Amount* \$500.00

Add Another Contribution Page