SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this	form. 1 Filer II	D	2 Total p 15	ages filed:	
3 COMMITTEE NAME		<u> </u>		OF	ICE USE C	NII V
Austin Together	•				FICE USE C	JNL T
Austin regerie.				Date Receive		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CITY; \$	STATE; ZIP C	ODE	UUU KE(EIVED AT
ADDRESS	604 W. 11th St.			Date Hand-d	elivered or Date Po	Stmarked 1110
Change of Address				i		
Change of Address	Austin, TX 78701	•		Receipt #	Amou	int
				l		
				Date Process	sed	
				Date Imaged		
5 CAMPAIGN	MS/MRS/MR FIRST			MI		
TREASURER NAME	Ms Brand	i		С		
IVAIVIL	Diana	1		C		
	NICKNAME LAST		***************************************	SUFFIX	********************	***************************************
	Burto	n				
	Burton	11				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	FASE):	APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER		_ (0 _ /)	,,	 ,	_ · · · · · _,	
STREET ADDRESS	604 W. 11th St.			Austin	TX	78741
(Residence or Business)						710 0005
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address				<u>.</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME	BER EXTENSIO	DN			
9 REPORT	X January 15	30th day before	election	Exceeded	\$500 Limit	
TYPE		8th day before		Discolution	n (Attach PAC-D	D)
	July 15	<u> </u>	SICCUUII	<u> </u>		
	Language Language	Runoff		10th day a termination	ifter campaign tro	easurer
10 PERIOD	Month Day Year		Month		ear	
COVERED	10/28/2018	THROUGH	1011(1	12/31/2018		
	15/25/2515			12,01,2010		
11 ELECTION	ELECTION DATE		ELECTION TYPE	<u> </u>		
	Month Day Year	Primary	Runoff	Other		
	11/06/2018	Conorat	☐ Special	_		
		X General	Special			
	<u>l</u>					
		GO TO PAG	E 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: FORM SPAC **PURPOSE AND TOTALS COVER SHEET PG 2** 12 COMMITTEE NAME 13 Filer ID **Austin Together** 14 COMMITTEE CANDIDATE / OFFICEHOLDER NAME **PURPOSE** (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder X SUPPORT **BALLOT IDENTIFICATION / # ELECTION DATE** (Candidate or Measure) Month Day Year **OPPOSE** 11/06/2018 (Candidate or Measure) X Measure ASSIST DESCRIPTION (Officeholder) Proposition A: Affordable Housing 15 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, **TOTALS** LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ \$0.00 2. TOTAL POLITICAL CONTRIBUTIONS \$11,500.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** \$ \$0.00 4. TOTAL POLITICAL EXPENDITURES \$31,968.98 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE BALANCE REPORTING PERIOD \$3,199.06 **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST **LOAN TOTALS** DAY OF THE REPORTING PERIOD \$0.00 16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MARCOS A. SAAVEDRA MY COMMISSION EXPIRES JANUARY 30, 2022 AFFIXINOTARYOTARYID; 129696756

Forms provided by Texas Ethics Commission

Signature of officer administering oath

www.ethics.state.tx.us

Printed name of officer administering oath

, to certify which, witness my hand and seal of office.

MARIOS A SAGUEDRA

Version V1.1.63dc5001

Title of officer administering oath

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 15 13 Filer ID 12 COMMITTEE NAME Austin Together CANDIDATE / OFFICE HOLDER NAME 14 COMMITTEE **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT [X] (Candidate or Measure) ELECTION DATE **BALLOT IDENTIFICATION** MONTH DAY YEAR В **OPPOSE** 11/06/2018 X MEASURE (Candidate or Measure) DESCRIPTION Proposition B: Libraries, Museums and **ASSIST** Cultural Arts Facilities (Officeholders only) CANDIDATE / OFFICE HOLDER NAME COMMITTEE **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **ELECTION DATE BALLOT IDENTIFICATION** MONTH DAY YEAR **OPPOSE** X MEASURE 11/06/2018 (Candidate or Measure) DESCRIPTION Proposition C: Parks and Recreation ASSIST (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER X SUPPORT (Candidate or Measure) **ELECTION DATE BALLOT IDENTIFICATION** MONTH DAY YEAR **OPPOSE** X MEASURE 11/06/2018 (Candidate or Measure) DESCRIPTION Proposition D: Flood Mitigation, Open ASSIST Space and Water Quality Protection (Officeholders only)

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 4 of 15 12 COMMITTEE NAME 13 Filer ID Austin Together 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT $|\mathsf{X}|$ (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR **OPPOSE** 11/06/2018 X MEASURE (Candidate or Measure) DESCRIPTION ASSIST Proposition E: Health and **Human Services** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR **OPPOSE** x MEASURE 11/06/2018 (Candidate or Measure) DESCRIPTION **ASSIST** Proposition F: Public Safety (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE 11/06/2018 X MEASURE (Candidate or Measure) DESCRIPTION Proposition G: Transportation Infrastructure ASSIST (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

	5 of 15							
	L7 COMMITTEE NAME Austin Together 18 Filer ID							
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
· 1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,000.00				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	₹	\$ 9,500.00				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA- LABOR ORGANIZATION	TION OR	\$				
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$				
7.		SCHEDULE E: LOANS		\$				
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 31,968.98				
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
10	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$				
11	. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
12	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	OF C/OH	\$				
13		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$				
14	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$				

IONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDU	LE A1
ne Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/15	
ER NAME		3	3 Filer ID	
tte /01/2018	 5 Full name of contributor out-of-state PAC (ID#:_ Hyatt, Justin 6 Contributor address; City; State; Zip Code 1819 Cross Draw Trl. Leander, TX 78641 	7	7 Amount of Contribution (\$)	\$500.00
incipal occu wner	pation / Job title (See Instructions)			
tte /01/2018	Full name of contributor out-of-state PAC (ID#:_ Weaver, Greg Contributor address; City; State; Zip Code 3207 Meredith St. Austin, TX 78703)	Amount of Contribution (\$)	\$1,000.00
incipal occu eal Estate	pation / Job title (See Instructions)	Employer (See Instructions) Catellus		
ate)/31/2018	Winkelman, Marc		Amount of Contribution (\$)	\$500.00
-		Employer (See Instructions) Calendar Holdings		
	ne Instruction in the Instruction of the Instructio	The Instruction Guide explains how to complete this form. EER NAME Stin Together Ite	RER NAME Stin Together Tol: S Full name of contributor	Total pages Schedule AI. Sch. 1/1 Rpt. 6/15 ER NAME stin Together te (701/2018 6 Contributor address; City; State; Zip Code 1819 Cross Draw Trl. Leander, TX 78641 Incipal occupation / Job title (See Instructions) where Pull name of contributor out-of-state PAC (ID#:

MONETARY CONTRIBUTIONS FROM **CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 7/15	
2 FILER NAME Austin Toge		3 Filer ID	
4 Date 10/29/2018	 5 Corporation / Labor Organization name Brandywine Operating Partnership 6 Corporation / Labor Organization address; City; State; Zip Code 2929 Walnut St. Ste. 1700 Philadelphia, PA 19104 	7 Amount of contribution (\$) \$7,500.00	
Date 12/18/2018	Corporation / Labor Organization name Halff Associates, Inc. Corporation / Labor Organization address; City; State; Zip Code 1201 North Bowser Rd. Richardson, TX 75081	Amount of contribution (\$) \$2,000.00	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/8 Rpt: 8/15	Austin Together
4	Date	5 Payee name
	11/15/2018	Atkins, Jesse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$390.00	4700 E. Riverside Dr.
		#113
		Austin, TX 78741
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
İ		Campus Organizer
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
H	Date	
	10/31/2018	Payee name Austin Chronicle
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,545.00	PO Box 4189
		Austin, TX 78765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chronicle Ad
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
H	Date	Payee name
	11/06/2018	Brown, Cheyenne
	Amount (\$)	Payee address; City; State; Zip Code
	\$570.00	711 W. 26th St.
		Unit 310
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campus Organizer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	п
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/8 Rpt: 9/15	Austin Together
4	Date	5 Payee name
	11/20/2018	Brown, Cheyenne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$232.50	711 W. 26th St.
		Unit 310
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campus Organizer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/15/2018	Butts, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,137.90	1905 Patton Ln
	. 1	
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/06/2018	City Lights Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,000.00	1605 Kerr Drive
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Lahor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 3/8 Rpt: 10/15	Austin Together	
4	Date	5 Payee name	
	11/13/2018	FaceBook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	1601 Willow Road	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
•	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Social Media Ads	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/07/2018	FaceBook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	1601 Willow Road	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Social Media Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	.	
	Data		_
	Date 11/01/2018	Payee name FaceBook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	1601 Willow Road	
	,		
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Social Media Ads	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	experiorare to belieff C/OF	п	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor Solicitation/Fundraising Expense
Transponation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memori Legal Services The Instruction	•		Vages	/Contract Labor	Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
-	Sch: 4/8 Rpt: 11/15		Austin Toge							
4	Date	5	Payee name							
	11/01/2018		GNI Consul	tina						
_		 -		`	Ctoto	. 7in Co	al a			
6	Amount (\$)	['	Payee addres	-	State	; Zip Co	oae			
	\$3,017.16		P.O. Box 68	35008						
		L	Austin, TX 7	78768						
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sci	nedule)	(b)	Description		
	OF EXPENDITURE		Consulting I	Expense					outside of Texas. Complete Sch	
								Consultant	, TX, officeholder living expense	•
								Consultant		
<u>_</u>	A 1		- 11.4 1= -··	1 44			Ļ		0.00	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	•	Office sou	ght		Office held	
		_		<u></u>						
	Date		Payee name							
	11/30/2018		GNI Consul	ting						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de			
	\$3,000.00		P.O. Box 68	35008						
	,									
			Austin, TX 7	78768						
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this scl	nedule)	(p)	Description		
	OF EXPENDITURE		Consulting I	Expense					outside of Texas. Complete Sch	
								Consultant	, TX, officeholder living expense	;
								Consulant		
	0 14 014 4 4 5	Ц	0 81 000			010	<u> </u>		060 - 1-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Oni	ceholder name	•	Office sou	ignt		Office held	
_										
	Date		Payee name							
	11/02/2018	L	NGP VAN,	Inc.					, , ,	
	Amount (\$)	_	Payee addres	ss; City;	State	; Zip Co	de			
	\$134.00		P.O. Box 39	92264		-				
	,	1								
		ĺ	Pittsburgh, I	PA 15221						
	PURPOSE	(a)	Category rea	se Categories listed a	at the ton of this set	nedule)	(b)	Description	· ,	
	OF EXPENDITURE			head/Rental E			•		outside of Texas. Complete Sch	nedule T.
	EXPENDITURE				•	j		Check if Austin	, TX, officeholder living expense	;
								Database		
	Complete ONLY if direct		Candidate/Offi	ceholder name	- (Office sou	ght		Office held	
	expenditure to benefit C/OI	1								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	i i
	Sch: 5/8 Rpt: 12/15	Austin Together
4	Date	5 Payee name
	12/03/2018	NGP VAN, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.00	P.O. Box 392264
		Pittsburgh, PA 15221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	·
	Date	Payee name
	11/01/2018	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.73	907 W. 5th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	3
	Date	David
	Date 11/02/2018	Payee name Paya
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$915.65	12120 Sunset Hills Road
		Suite 500
L		Reston, VA 20190
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Processing Fees
		Cieult Card Fiocessing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<u> </u>		

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/8 Rpt: 13/15 Austin Together 4 Date Payee name 12/03/2018 Paya Amount (\$) Payee address; City. State; Zip Code \$80.85 12120 Sunset Hills Road Suite 500 Reston, VA 20190 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Processing Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/07/2018 Shoal Creek Saloon City; Amount (\$) Payee address; State; Zip Code \$396.62 909 N. Lamar Blvd. Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Election Night Watch Party** Complete **ONLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2018 Siff, Ted Amount (\$) Payee address; State; Zip Code City; \$5,000.00 604 W. 11th St. Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consultant Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH