CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to c | omplete this form. | 1 Filer ID | | 2 Total pages fi | led: .1 |
|---------------------------------------|-------------------------|----------------------|---------------------------------|----------------------|-------------------------------------|---------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Natasha | | МІ | OFFICE | USE ONLY |
| | | | | | 000 | RECEIVED AT |
| | NICKNAME | LAST | | SUFFIX | JUL | 10'19 PM2:44 |
| | | Harper-Mad | ison | | | 20112-14 |
| 4 CANDIDATE / | ADDRESS / PO BOX; | APT / SUITE #; C | ITY; | ZIP CODE | Date Hand-delivered o | r Date Postmarked |
| OFFICEHOLDER MAILING | 1609 E13th Street | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Austin, TX 78702 | | | | | |
| | | | | | Date Processed | |
| | | | | | Data langua d | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS/MRS/MR | FIRST | encerence a species as a second | MI | | |
| TREASURER | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (N | O PO BOX PLEASE) | : AP | T / SUITE #; CITY; | ST | ATE; ZIP CODE |
| TREASURER | | , | | | | |
| ADDRESS | | | | | | |
| (Residence or Business) | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE F | PHONE NUMBER | EXTENSION | | | |
| 8 REPORT | | | | ****** | | |
| TYPE | January 15 | 30th day befo | ore election | Runoff | 15th day after ca appointment (offi | mpaign treasurer |
| | X July 15 | 8th day befor | | Exceeded \$500 limit | Final Report (Atta | |
| | X July 15 | | | | | |
| 9 PERIOD | Month Day Y | 'ear | | Month Day | Year | |
| COVERED | 01/01/2019 | | THROUGH | 06/30/201 | | |
| | | | | | | |
| 10 ELECTION | ELECTION DAT | TE I | | ELECTION TYPE | | |
| | Month Day Y | 'ear | Primary | Runoff | Other | |
| | | | General | Special | | |
| | | | ocherar | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| II OFFICE | City Council Place Au | stin District 1 Trav | vic | | (ii khowi) | |
| | City Council Place At | | 15 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO | TO PAGE 2 | | | |
| Forms provided by Te | xas Ethics Commission | n www. | ethics.state.tx.u | IS | Ve | rsion V1.1.0ef01a4a |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

| | | | | | 2 01 11 | | | |
|--|--|---|-----------------------------|-------------------------|-----------|--|--|--|
| 13 C / OH NAME | Harper-Madison, Nat | asha | 14 Filer ID | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information | the candidate's or officeho | older's kno | wledge or | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| _ | GENERAL | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | |
| | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | | |
| | | | | | | | | |
| 16 CONTRIBUTION TOTALS | | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ | 545.00 | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ | 3,695.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | AL EXPENDITURES OF \$100 OR LESS, UNLESS | ITEMIZED | \$ | 0.00 | | | |
| 4. TOTAL POLITICAL EXPENDITURES | | | | \$ | 3,589.34 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | 353.52 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ | 0.00 | | | |
| 17 AFFADAVIT | | | | | | | | |
| | ALEJANDRO MED Notary Public, State of Comm. Expires 08-15 Notary ID 1316845 | -2022 114 Matasha | | be reported | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | | |
| Sworn to and subso | cribed before me, by the s | aid <u>Natasha Harper-Madh</u> ertify which, witness my hand and seal of office. | iso, this the/ | 2 | _ day | | | |
| A.M. Signature of office | cer administering | Alejandro Medina Printed name of officer administering | Notar Title of officer a | Y dministerir | ng oath | | | |

Forms provided by Texas Ethics Commission

Version V1.1.0ef01a4a

FORM C/OH COVER SHEET PG 3

3 of 11

| | | | | 3 01 11 |
|------------------|-------|--|----------|-----------------|
| 18 FILEF Harp | R NAM | | | |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | х | \$ 3,695.00 | | |
| 2. | | \$ | | |
| 3. | | \$ | | |
| 4. | | SCHEDULE E: LOANS | | \$ |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 6 | \$ 3,589.34 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | | | |

SUBTOTALS - C/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instrue | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11 | |
|----|----------------|--|------------------------------------|--|----------|
| | | | | | |
| 2 | FILER NAME | | | 3 Filer ID | |
| | Harper-Madi | son, Natasha | | | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| | 03/12/2019 | Barnes, Robert | | | \$350.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | 710 Vanguard Street | | | |
| | | | | | |
| | | Austin, TX 78734 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| | Banker | | IBC Bank | | |
| - | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 01/04/2019 | Galindo, Cid | | | \$350.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 411 Brazos St | | | |
| | | Ste 99 | | | |
| | | Austin, TX 78701 | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | · · · · · · · · · · · · · · · · · · · | |
| | retired | | retired | | |
| L_ | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ¢250.00 |
| | 02/15/2019 | Hobbs, Marcus | | | \$350.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 8810 N Lamar Blvd | | | |
| | | Austin TV 20252 | | | |
| - | | Austin, TX 78753 | T (0) (0) | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | | |
| | CPA | | HMG & Associateas, Inc | J. | |
| Г | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 01/07/2019 | Miller, Paul | | | \$350.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 4602 Adelphi Lane | | | |
| | | | | | |
| | | Austin, TX 78727 | | | |
| Г | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Manager | | Trellis Co. | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 01/23/2019 | Moore, Margaret | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 4613 Camacho Street | | | |
| | | | | | |
| | | Austin, TX 78723 | | | |
| F | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | Principle | | Austin Strategic Plannin | Ig | |
| F | | | | | |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/11 | |
|-----------------|--|------------------------------|--|----------|
| 2 FILER NAME | Ε | | 3 Filer ID | |
| Harper-Mac | lison, Natasha | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 01/07/2019 | Ngin, Kaliane | | \$350.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | 4602 Adelphi Lane | | | |
| | | | | |
| | Austin, TX 78727 | | | |
| 8 Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instructions | 6) | |
| CFO | | CAS Consulting | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/07/2019 | Penn, Jesse | | | \$350.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 10924 Pilgrimage Dr | | | |
| | | | | |
| | Austin, TX 78754 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Engineer | | CAS Consulting | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | |
| 02/06/2019 | Shands, Rob | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 1715 W 30th St | | | |
| | | | | |
| | Austin, TX 78703 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Real Estate | | Redleaf Properties | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/07/2019 | Soeur, Channy | | | \$350.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 7908 Cameron Road | | | |
| | Austin, TX 78754 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| CEO | | CAS Consulting | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/07/2019 | Soeur, Laura | | | \$350.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 7908 Cameron Road | | | |
| | | | | |
| | Austin, TX 78754 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions |) | |
| C00 | | CAS Consulting | | |
| | | | | |

| POLITICAL EX CONTRIBUTIO | SCHEDULE F1 | |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Overh Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp | ment/Reimbursement tead/Rental Expense ense ense ges/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 6/11 | Harper-Madison, Natasha | 3 Filer ID |
| 4 Date 01/08/2019 | 5 Payee name Anedot | |
| 6 Amount (\$) \$0.30 | 7 Payee address; City; State; Zip Cod 4017 Buena Vista St. #109 Dallas, TX 75204 | e |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough H Harper-Madison, Natasha | ht Office held City Council Place AUSTIN |
| Date 01/09/2019 | Payee name Anedot | |
| Amount (\$) \$71.20 | Payee address; City; State; Zip Cod 4017 Buena Vista St. #109 Dallas, TX 75204 | e |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (Accounting/Banking | b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough H Harper-Madison, Natasha | ht Office held City Council Place AUSTIN |
| Date 01/25/2019 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; State; Zip Cod 4017 Buena Vista St. #109 Dallas, TX 75204 | e |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (Accounting/Banking | b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough H Harper-Madison, Natasha | ht Office held City Council Place AUSTIN |
| | | |

| POLITICAL EXI | SCHEDULE F1 | | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense | 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) |
| L Total pages Schedule F1: Sch: 2/6 Rpt: 7/11 | 2 FILER NAME Harper-Madison, Natasha | 3 | 3 Filer ID |
| Date 02/08/2019 | 5 Payee name Anedot | | |
| 5 Amount (\$) \$10.30 | 7 Payee address; City; State; 4017 Buena Vista St. #109 Dallas, TX 75204 | Zip Code | |
| B PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Accounting/Banking | Check if travel ou | utside of Texas. Complete Schedule T. I'X, officeholder living expense S |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought | Office held City Council Place AUSTIN |
| Date 03/14/2019 | Payee name Anedot | | |
| Amount (\$) \$0.30 | Payee address; City; State; 4017 Buena Vista St. #109 Dallas, TX 75204 | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Accounting/Banking | Check if travel ou | itside of Texas. Complete Schedule T. IX, officeholder living expense S |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought | Office held City Council Place AUSTIN |
| Date 01/08/2019 | Payee name Austin Chronicle | | |
| Amount (\$) \$1,345.00 | Payee address; City; State; 4000 N IH 35 | Zip Code | |
| | Austin, TX 78751 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Advertising Expense | Check if travel out | itside of Texas. Complete Schedule T. (X, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ice sought | Office held City Council Place AUSTIN |

| POLITICAL EXE CONTRIBUTIO | SCHEDULE F1 | | | |
|---|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office (Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing | epayment/R Dverhead/Re Expense J Expense s/Wages/Co | Reimbursement Rental Expense ontract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 8/11 | 2 FILER NAME Harper-Madison, Natasha | × | | 3 Filer ID |
| 4 Date 01/22/2019 | 5 Payee name BBVA Compass Bank | | | |
| 6 Amount (\$) \$186.00 | 7 Payee address; City; State; Zip (2514 W Parmer Ln | :ode | | |
| 8 PURPOSE OF EXPENDITURE | Austin, TX 78727 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | E | _ | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so H Harper-Madison, Natasha | ought | | Office held City Council Place AUSTIN |
| Date 02/13/2019 | Payee name BBVA Compass Bank | | | |
| Amount (\$) \$38.00 | Payee address; City; State; Zip (2514 W Parmer Ln Austin, TX 78727 | ode | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | E | - | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so | ught | | Office held City Council Place AUSTIN |
| Date 01/22/2019 | Payee name Bradley, Skylar | | | |
| Amount (\$) \$115.00 | Payee address; City; State; Zip C 2903 E 12th Street | ode | | |
| | Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | E | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so | ught | 5 | Office held City Council Place AUSTIN |
| | | | | |

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| POLITICAL EXI | PENDITURES FROM POLITICA NS | L SCHEDULE F1 |
|---|---|--|
| | EXPENDITURE CATEGORIES FOR | R BOX 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E | ayment/Reimbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District Yages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 9/11 | 2 FILER NAME Harper-Madison, Natasha | 3 Filer ID |
| 4 Date 01/08/2019 | 5 Payee name City of Austin | |
| 6 Amount (\$) \$116.40 | Payee address; City; State; Zip Co PO Box 2267 Austin, TX 78783 | de |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sour ^H Harper-Madison, Natasha | ght Office held City Council Place AUSTIN |
| Date 02/12/2019 | Payee name City of Austin | |
| Amount (\$) \$75.73 | Payee address; City; State; Zip Co PO Box 2267 Austin, TX 78783 | de |
| PURPOSE OF EXPENDITURE | | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office soug | ght Office held City Council Place AUSTIN |
| Date 03/12/2019 | Payee name City of Austin | |
| Amount (\$) \$74.72 | Payee address; City; State; Zip Coo PO Box 2267 | le |
| | Austin, TX 78783 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office soug | ht Office held City Council Place AUSTIN |
| | | |

| POLITICAL EX CONTRIBUTIO | SCHEDULE F1 | |
|---|--|---|
| | EXPENDITURE CATEGORIES FOR BO | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Overhea Food/Beverage Expense Polling Expens y - Gitt/Awards/Memorials Expense Printing Expense | se Travel Out of District s/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | | 3 Filer ID |
| Sch: 5/6 Rpt: 10/11 | Harper-Madison, Natasha | |
| 4 Date 02/01/2019 | 5 Payee name Eureka Holdings | |
| 6 Amount (\$) \$1,100.00 | Payee address; City; State; Zip Code 6920 S Main Street Grapevine, TX 76051 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought H Harper-Madison, Natasha | Office held City Council Place AUSTIN |
| Date 01/02/2019 | Payee name Facebook | |
| Amount (\$) \$247.86 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought H Harper-Madison, Natasha | Office held City Council Place AUSTIN |
| Date 01/09/2019 | Payee name McKinney, Kaitlin | |
| Amount (\$) \$162.00 | Payee address; City; State; Zip Code 2903 E 12th Street | |
| | Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Solicitation/Fundraising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought H Harper-Madison, Natasha | Office held City Council Place AUSTIN |
| | | |

| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 | | | | | | 1 | | |
|---|---|---|--|--|--|---|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | EXPENDITURE C/ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e | Loan Rep Office Ov Polling Ex Printing E Salaries/ | ayme erhea pense xpens Vages | nt/Reimbursement d/Rental Expense e se //Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: Sch: 6/6 Rpt: 11/11 | 1 | E dison, Natasha | | | | 3 | Filer ID | |
| 4 | Date 01/03/2019 | 5 Payee name Smartt, Jirr | | af a dhachara da baya ta'u na an a she a a she a a she | | | | | |
| 6 | Amount (\$) \$42.23 | 7 Payee addre 2903 E 12t Austin, TX | h Street | State; Zip Co | de | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (s | See Categories listed at the top | | (b) | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ficeholder name ison, Natasha | Office sou | ght | | | Office held City Council Place AUSTIN | |
| | | | | | | | | | |