

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>3</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Natasha</u>	MI	Date Received OCC RECEIVED AT JUL 12 '19 PM 3:25 Date Hand-delivered or Date Postmarked Receipt # Amount \$	
	NICKNAME	LAST <u>Harper-Madison</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Date Imaged
		<u>01 / 01 / 2019</u>		<u>06 / 30 / 2019</u>	

6 EXPLANATION OF CORRECTION
 Campaign Treasurer information did not populate in the appropriate fields when the report was generated. The information has been added manually.

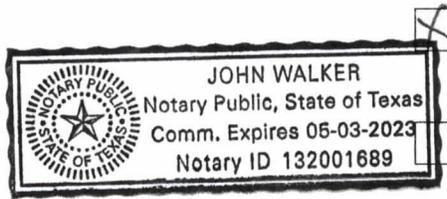
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Natasha M
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Natasha Harper-Madison this the 12 day of July, 2019, to certify which, witness my hand and seal of office.

John Walker John Walker notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

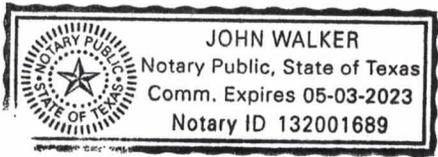
**FORM C/OH
COVER SHEET PG 2**
2 of 11

13 C / OH NAME Harper-Madison, Natasha	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table border="1" style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME								
COMMITTEE ADDRESS									
COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 545.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,695.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL 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 PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



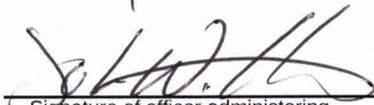
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Natasha Harper-Madison, this the 12 day of July, 20 19, to certify which, witness my hand and seal of office.



 Signature of officer administering

John Walker

 Printed name of officer administering

notary

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Harper-Madison, Natasha	19 Filer ID
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,695.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,589.34
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11
2 FILER NAME Harper-Madison, Natasha		3 Filer ID
4 Date 03/12/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert	7 Amount of Contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 710 Vanguard Street Austin, TX 78734		
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) IBC Bank
Date 01/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Cid	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code 411 Brazos St Ste 99 Austin, TX 78701		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Marcus	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code 8810 N Lamar Blvd Austin, TX 78753		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) HMG & Associateas, Inc.
Date 01/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Paul	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code 4602 Adelphi Lane Austin, TX 78727		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Trellis Co.
Date 01/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Margaret	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4613 Camacho Street Austin, TX 78723		
Principal occupation / Job title (See Instructions) Principle		Employer (See Instructions) Austin Strategic Planning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 6/11	2 FILER NAME 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 Code 4017 Buena Vista St. #109 Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 01/09/2019	Payee name Anedot	
Amount (\$) \$71.20	Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 01/25/2019	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 7/11	2 FILER NAME Harper-Madison, Natasha	3 Filer ID
4 Date 02/08/2019	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 03/14/2019	Payee name Anedot	
Amount (\$) \$0.30	Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 01/08/2019	Payee name Austin Chronicle	
Amount (\$) \$1,345.00	Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

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 Code 2514 W Parmer Ln Austin, TX 78727			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 02/13/2019		Payee name BBVA Compass Bank			
Amount (\$) \$38.00		Payee address; City; State; Zip Code 2514 W Parmer Ln Austin, TX 78727			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/22/2019		Payee name Bradley, Skylar			
Amount (\$) \$115.00		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) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

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	7 Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 02/12/2019	Payee name City of Austin	
Amount (\$) \$75.73	Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN
Date 03/12/2019	Payee name City of Austin	
Amount (\$) \$74.72	Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 10/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID
4 Date 02/01/2019		5 Payee name Eureka Holdings		
6 Amount (\$) \$1,100.00		7 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) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha	Office sought	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		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha	Office sought	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) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha	Office sought	Office held City Council Place AUSTIN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Consulting Expense
Contributions/ Donations Made By -
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Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 11/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID
4 Date 01/03/2019		5 Payee name Smartt, Jimmy		
6 Amount (\$) \$42.23		7 Payee address; City; State; Zip Code 2903 E 12th Street Austin, TX 78702		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha	Office sought	Office held City Council Place AUSTIN