



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT  
OCT 1 '19 PM3:14

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>PHAM PAC</div>		
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>PO BOX 152637</div> City* <div>AUSTIN</div>		Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78715</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div></div> First Name <div>CODY</div> Middle Initial <div></div> Last Name <div>COWAN</div> Suffix <div></div>		
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div>1201 BROADMOOR DRIVE</div> City <div>AUSTIN</div>		Apartment or Suite Number <div>120</div> State <div>TX</div> Zip Code <div>78723</div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20191001</div>		

\* Indicates a required field



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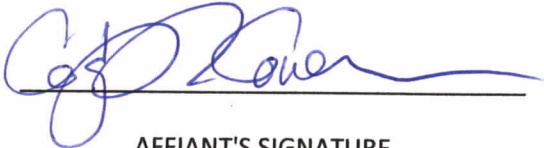
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## 6 AFFIDAVIT

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: 10-1-2019



AFFIANT'S SIGNATURE

CODY R COWAN

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Cody R Cowan

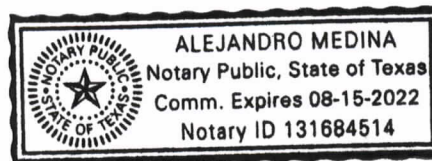
On the 1 day of October, 2019, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary







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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* SXSW, LLC		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1400 Lavaca Street	Contributor Apartment or Suite Number 100	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* n/a	Contributor Occupation* n/a	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20190827		(%) Contribution Amount* \$30,000.00





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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Eugene		
		Organization Name or Contributor Last Name, as applicable* Sepulveda		Contributor Suffix  	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 3114 Wheeler		Contributor Apartment or Suite Number  	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78705
		Contributor Employer* Entrepreneurs Foundation		Contributor Occupation* CEO	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20190925		(\$ ) Contribution Amount* \$515.00	



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Joshua	Contributor Apartment or Suite Number  
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Organization Name or Contributor Last Name, as applicable* Jones-Dilworth	Contributor Suffix  	
<b>3</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4229 Camacho Street	Contributor City* Austin	Contributor State* TX
		Contributor Employer* Jones-Dilworth, Inc.	Contributor Occupation* CEO	Contributor Zip Code* 78723
<b>3</b>	<b>CONTRIBUTOR DETAILS</b>	Contribution Date (yyyymmdd)* 20190925	(\$) Contribution Amount* \$1,030.00	



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Rudy"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Garza"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="22516 Crazy Cove"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Spicewood"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78669"/>	
		Contributor Employer* <input type="text" value="Garza EMC"/>	Contributor Occupation* <input type="text" value="CEO"/>
<b>3</b>	<b>CONTRIBUTOR DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20190930"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Melba	Organization Name or Contributor Last Name, as applicable* Whatley	Contributor Suffix  	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2909 West 35th Street	Contributor Apartment or Suite Number  	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78703
		Contributor Employer* Self	Contributor Occupation* Investor			
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20190930		(\$) Contribution Amount* \$1,030.00		





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<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Organization Name or Contributor Last Name, as applicable* Hurt	Contributor Suffix  	
<b>3</b>	<b>CONTRIBUTOR DETAILS</b>	Contributor Address/ PO Box* 9102 Atwater Cove	Contributor City* Austin	Contributor State* TX
		Contributor Employer* data.world	Contributor Occupation* CEO	Contributor Zip Code* 78733
		Contribution Date (yyyymmdd)* 20190930	(\$) Contribution Amount* \$5,150.00	



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<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>400 West Cesar Chavez Street</div>	Contributor Apartment or Suite Number <div>Suite 500</div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701</div>
	Contributor Employer* <div>n/a</div>	Contributor Occupation* <div>n/a</div>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20190930</div>	(\$) Contribution Amount* <div>\$1,030.00</div>	

Add Another Contribution Page