

(Previously Independent Expenditures not by a Candidate)

OCC RECEIVED AT OCT 28'19 PM2:05

1	Committee or Organization Name*	
INDIVIDUAL	РНАМ РАС	
OR		
ORGANIZATION		
NAME		
Filer is an individual		
2	Address/ PO Box*	Apartment or Suite Number
INDIVIDUAL OR	PO BOX 152637	
ORGANIZATION	City*	State* Zip Code*
ADDRESS	AUSTIN	TX 78715
3		
COMMITTEE TREASURER	Title First Name	Middle Initial
NAME	CODY	
	Last Name	Suffix
(if applicable)	COWAN	
		Apartment or Suite Number
4	Address/ PO Box	
COMMITTEE TREASURER	1201 BROADMOOR DR	120
ADDRESS	City	State Zip Code
(if applicable)	AUSTIN	TX 78723
5	Date Filed (yyyymmdd)*	
REPORT DATE	20191028	

* Indicates a required field



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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: 10.28-2019 **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

ody R. Cowan

On the 28 day of October, 2019, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

STATUTE ANY PUEL	ALEJANDRO MEDINA
	Notary Public, State of Texas
OF TEN	Comm. Expires 08-15-2022
- MANNA	Notary ID 131684514

Alejandro Medina

Typed or Printed Name of Notary





(Previously Independent Expenditures not by a Candidate)

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 st	
Payee is an individual	YStrategy, LLC	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	3110 Manor Road	н
ADDRESS	Payee City*	Payee State [*] Payee Zip Code [*]
	Austin	TX 78723
3	Category*	(\$) Expenditure Amount [*]
EXPENDITURE	Advertising Expense	\$10,000.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
	Postage for Mailer	20191024

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Dppose Prop B			



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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 st	
Payee is an individual	YStrategy, LLC	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	3110 Manor Road	н
ADDRESS	Payee City*	Payee State [*] Payee Zip Code [*]
	Austin	TX 78723
3	Category*	(\$) Expenditure Amount [*]
EXPENDITURE	Printing Expense	\$9,382.68
DETAILS	Description (If Category is "Other")	Expenditure Date*
	Design and Printing for Mailer	20191025

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Dppose Prop B			



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

1 PAYEE		
NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* Ystrategy, LLC	
2 PAYEE ADDRESS	Payee Address/ PO Box* 3110 Manor Road Payee City* Austin	Payee Apartment or Suite Number H Payee State* Payee Zip Code* TX 78723
3 EXPENDITURE DETAILS	Category* Printing Expense Description (If Category is "Other") Campaign Materials	(\$) Expenditure Amount* \$803.00 Expenditure Date* 20191026

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Oppose Prop B			





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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.

1 CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable* Hunt Capital Holdings, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 230 Park Avenue Contributor City* New York City Contributor Employer* n/a	Contributor Apartme 19th Floor Contributor State* NY Contributor Occupat n/a	Contributor Zip Code* 10169
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191020	(\$) Contribution Am \$10,000.00	ount*





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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.

1 CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable* Endeavor Real Estate Group, Ltd.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 West 5th Street Contributor City* Austin Contributor Employer* n/a	Contributor Apartme Suite 700 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191022	(\$) Contribution Am \$10,000.00	ount*





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1 CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable*		
	800 Congress		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 800 Congress Avenue Contributor City* Austin Contributor Employer* n/a	Contributor Apartme Contributor State [*] TX Contributor Occupat	Contributor Zip Code* 78701
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191025	(\$) Contribution Am \$5,000.00	ount*





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1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Dan Organization Name or Contributor Last Name, as applicable* Graham	Contributor Suffix	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1023 Springdale Road Contributor City* Austin Contributor Employer* Notley Ventures	Contributor Apartme Contributor State* TX Contributor Occupati	Contributor Zip Code* 78721
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191022	(\$) Contribution Amo \$4,000.00	ount*





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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.

1 CONTRIBUTOR NAME	Organization Name or Contributor Last Name, as applicable* Buie & Co.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2901 Bee Caves Road Contributor City* Austin Contributor Employer* n/a	Contributor Apartme Building D Contributor State* TX Contributor Occupat	Contributor Zip Code* 78746
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191024	(\$) Contribution Amount [*] \$2,284.37	

Add Another Contribution Page