

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5		
	LAST; SUFFIX Equity PAC	ACCOUNT # 00090717		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300812 Austin, TX 78703		Date Received ELECTRONICALLY FILED 10/27/2021	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #	
			HD / PM	Amount
	3 INDIVIDUAL FILER EMPLOYER & OCCUPATION		Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Kathleen Mitchell		Date Imaged	
	5 COMMITTEE TREASURER ADDRESS			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1403 Ulit Ave Austin, TX 78702				

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX1EXPEND: Sch: 1/2 Rpt: 2/5
4 PAYEE NAME	LAST FIRST MI Stronger Than Communications LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 7314 Trescott Ave Takoma Park, MD 20912		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/25/2021	(d) Amount (\$) \$49,999.99	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX1EXPEND: Sch: 2/2 Rpt: 3/5
4 PAYEE NAME	LAST FIRST MI Digital Advance		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 9600 Escarpment Blvd #745-145 Austin, TX 78749		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/26/2021	(d) Amount (\$) \$50,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/1 Rpt: 4/5
2 FILER NAME Equity PAC		3 Filer ID (Ethics Commission Filers) 00090717
4 Date 10/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Rachael <hr/> 6 Contributor address; City; State; Zip Code 2101 E 16th St Austin, TX 78702	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self-employed
Date 10/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Workers Defense Action Fund <hr/> Contributor address; City; State; Zip Code 5604 Manor Road Austin , TX 78723	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Report of Direct Campaign Expenditures:

ATX.1

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.

Equity PAC

Signature of Filer