



**Pre-Election Report
Political Committees
Form ATX.7PAC**

☐ Office Use Only

1 Total pages filed:	9	2 Filer Name	Kat Hoang
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3 COMMITTEE NAME	Committee Name Our City Our Safety Our Choice		
4 COMMITTEE ADDRESS	Address/ PO Box PO Box 6193		Apartment or Suite Number
	City Austin	State TX	Zip Code 78762
5 COMMITTEE TREASURER NAME	Title 		
	First Name Joseph	Middle Initial 	
	Nickname 	Last Name Pinnelli	Suffix
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box 1507 W. 6th		Apartment or Suite Number
	City Austin	State TX	Zip Code 78703
	Phone Number (###-###-####) 512-478-7816		Extension, if applicable
7 REPORTING PERIOD	Start Date (yyyymmdd) 20160430		THROUGH End Date (yyyymmdd) 20160430

2016 MAY 2 PM 3 25

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Pre-Election Report Political Committees Form ATX.7PAC

1 Total pages filed:

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2 Filer Name

Kat Hoang

8

REPORTS

ATTACHED

*Check box for each form
attached*



ATX.7A - Pre-Election Report of Contributions



ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the preceding Special Pre-Election Report 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 2-2-29 for the reporting period indicated.



Signature of Affiant



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Joseph</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Reynolds</td><td></td></tr></table>	Contributor Title	Contributor First Name		Joseph	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Reynolds											
Contributor Title	Contributor First Name																		
	Joseph																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
Reynolds																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>2611 W 49th St</td><td colspan="2"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td>78731</td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		2611 W 49th St			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78731	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
2611 W 49th St																			
Contributor City	Contributor State	Contributor Zip Code																	
Austin	TX	78731																	
Contributor Employer	Contributor Occupation																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td>20160430</td><td>\$250.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	20160430	\$250.00	In-Kind Contribution Description, if applicable													
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Pre-Election Report of Contributions: Schedule ATX.7A

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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Les</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Tull</td><td></td></tr></table>	Contributor Title	Contributor First Name		Les	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Tull											
Contributor Title	Contributor First Name																		
	Les																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>5803 Lookout Mountain Dr</td><td colspan="2"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td>78731</td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		5803 Lookout Mountain Dr			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78731	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Gayle</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Goff</td><td></td></tr></table>	Contributor Title	Contributor First Name		Gayle	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Goff											
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	Gayle																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>1106 Upland Dr</td><td colspan="2"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td>78741</td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		1106 Upland Dr			Contributor City	Contributor State	Contributor Zip Code	Austin	TX	78741	Contributor Employer	Contributor Occupation				
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
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Contributor City	Contributor State	Contributor Zip Code																	
Austin	TX	78741																	
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Lemuel</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Johnson</td><td></td></tr></table>	Contributor Title	Contributor First Name		Lemuel	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Johnson																	
Contributor Title	Contributor First Name																								
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Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																								
Johnson																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="3">Contributor Apartment or Suite Number</td></tr><tr><td>11913 Hornsby St</td><td colspan="3"></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td colspan="2">Contributor Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78753</td></tr><tr><td>Contributor Employer</td><td colspan="3">Contributor Occupation</td></tr><tr><td></td><td colspan="3"></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number			11913 Hornsby St				Contributor City	Contributor State	Contributor Zip Code		Austin	TX	78753		Contributor Employer	Contributor Occupation						
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Contributor City	Contributor State	Contributor Zip Code																							
Austin	TX	78753																							
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Ed</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Wendler</td><td></td></tr></table>	Contributor Title	Contributor First Name		Ed	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Wendler																	
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td></td><td>Ronald</td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td>Sawey</td><td></td></tr></table>	Contributor Title	Contributor First Name		Ronald	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	Sawey																	
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