1 Total pages filed:	4	2 Filer Name	Kat Hoang						
		1							
3 COMMITTEE NAME		Committee Name							
		Our City Our Safety Our Choice							
4 COMMITTEE ADDRESS		Address/ PO Box				Apartment or Suite Number			
		PO Box 6193							
		City			State		Zip Code		
		Austin			TX		78762		
5 COMMITTEE TREA	ASURER	Title	First Name Joseph				Mic	ddle Initial	
NAME		Nickname Last Name Pinnelli			2	Suffix			
6		Address/ PO Box				Apartment o	or Suite	Number	
COMMITTEE TREASURER ADDRESS AND PHONE		City			State		Zip Code		
		Austin			TX		78703		
		Phone Number (###-###-####) Extension, if a			pplicable				
		512-478-7816							
7 REPORTING PER	PERIOD	Start Date (yyyymmdd)					End Date (yyyymmdd)		
		20160429		_	THROUGH	201604	29		

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AUSTIN CITY CLERK

1 Total pages filed: 4	2 Filer Name	Kat Hoang
8 REPORTS		Pre-Election Report of Contributions
ATTACHED Check box for each form attached	☐ 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

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

1	Contributor Title Contributor First Name				
CONTRIBUTOR	Nathaniel				
NAME	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix			
Contributor is an individual	Walker				
2	Contributor Address/ PO Box	Contributor Apartment or Suite Number			
CONTRIBUTOR	5506 Windward Dr				
ADDRESS	Contributor City	Contributor State Contributor Zip Code			
AND	Austin	TX 78723			
EMPLOYER	Contributor Employer	Contributor Occupation			
	Contribution Date (yyyymmdd)	(\$) Contribution Amount			
CONTRIBUTION	20160429	\$270.00			
DETAILS	In-Kind Contribution Description, if applicable				

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

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name Will Organization Name, or Contributor Last Name (if applicable) Grover	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 4503 Shoal Creek Blvd Contributor City Austin Contributor Employer	Contributor Apartment or Suite Number Contributor State Contributor Zip Code TX 78756 Contributor Occupation
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