



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

Office Use Only

1 Total pages filed:	<input type="text" value="9"/>	2 Filer Name	<input type="text" value="Kat Hoang"/>
-----------------------------	--------------------------------	---------------------	--

3 COMMITTEE NAME	Committee Name <input type="text" value="Our City Our Safety Our Choice"/>		
4 COMMITTEE ADDRESS	Address/ PO Box <input type="text" value="PO Box 6193"/>	Apartment or Suite Number <input type="text"/>	
	City <input type="text" value="Austin"/>	State <input type="text" value="TX"/>	Zip Code <input type="text" value="78762"/>
5 COMMITTEE TREASURER NAME	Title <input type="text"/>	First Name <input type="text" value="Joseph"/>	Middle Initial <input type="text"/>
	Nickname <input type="text"/>	Last Name <input type="text" value="Pinnelli"/>	Suffix <input type="text"/>
6 COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box <input type="text" value="1507 W. 6th"/>	Apartment or Suite Number <input type="text"/>	
	City <input type="text" value="Austin"/>	State <input type="text" value="TX"/>	Zip Code <input type="text" value="78703"/>
	Phone Number (###-###-####) <input type="text" value="512-478-7816"/>	Extension, if applicable <input type="text"/>	
7 REPORTING PERIOD	Start Date (yyyymmdd) <input type="text" value="20160428"/>	THROUGH	End Date (yyyymmdd) <input type="text" value="20160428"/>

Corrected

2016 MAY 2 PM 3 26

RECEIVED
AUSTIN CITY CLERK




Pre-Election Report Political Committees Form ATX.7PAC

1 Total pages filed:	9	2 Filer Name	Kat Hoang
----------------------	---	--------------	-----------

8 REPORTS ATTACHED <i>Check box for each form attached</i>	<input checked="" type="checkbox"/> ATX.7A - Pre-Election Report of Contributions
	<input checked="" type="checkbox"/> 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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Bill"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Aleshire"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="3605 Shady Valley Dr"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78739"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160428"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

[Add Another Contribution Page](#)



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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Michael"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Holleran"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="3811 Ridgelea Dr"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160428"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>



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 type="checkbox"/> Contributor is an individual	Organization Name, or Contributor Last Name (if applicable) Austin Travis County EMS Employee Association PAC
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 5817 Wilcab Rd Contributor Apartment or Suite Number Contributor City Austin Contributor State TX Contributor Zip Code 78721 Contributor Employer Contributor Occupation
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) 20160428 (\$) Contribution Amount \$250.00 In-Kind Contribution Description, if applicable

Add Another Contribution Page



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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Michael"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Levy"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="PO Box 146"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78767"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160428"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

[Add Another Contribution Page](#)



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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Mike"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Martinez"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="2314 E 11th St"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78702"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160428"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

