

Pre-Election Report Political Committees Form ATX.7PAC

71

1 Total pages filed:	19	2 Filer Name	Caroline Joiner						,
3 COMMITTEE NA	AME	Committee Nam Ridesharing Wor						<u> </u>	
4 COMMITTEE ADDRESS		Address/ PO Box P.O. Box 1347 City Austin				Apartme State	nt or Suit	Zip Code	
5 COMMITTEE TREA NAME	SURER	Title Nickname	First Name Caroline	Last Name Joiner	:		M	iddle Initial Suffix	
6 COMMITTEE TREA ADDRESS AND PHONE	SURER	Address/ PO Box 208 W. 14th Stre City Austin Phone Number (51	eet		Extension, if a	State TX	nt or Suit	zip Code 78756	
7 REPORTING PER	IOD	Start Date (yyyy 20160429	mmdd)		THROUGH	r	Date (yy) 50501	/ymmdd)	

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Pre-Election Report Political Committees Form ATX.7PAC

1 Total pages filed:	।व	2 Filer	Name	Caroline Joiner
8		X	ATX.7A -	Pre-Election Report of Contributions
REPORTS ATTACHED Check box for each	form			
attached	r jorn	X	ATX.7F - I	Pre-Election Report of Expenditures

AFFIDAVIT

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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

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(Attach to Form ATX.7PAC Coversheet)

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

CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.	,	
	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	СА	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
	Contribution Date (yyyymmdd)	(\$) Contribution Arr	nount
CONTRIBUTION	20160429	\$660.71	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind campaign consulting		



(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	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupat	tion
3	Contribution Date (yyyymmdd)	(\$) Contribution Am	ount
CONTRIBUTION	20160429	\$2,975.52	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind digital promotion		



(Attach to Form ATX.7PAC Coversheet)

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

CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
	Contributor Address/ PO Box	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupat	ion
<u></u> .	Contribution Date (yyyymmdd)	(\$) Contribution Am	ount
CONTRIBUTION	20160429	\$280.00	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind food and beverage		



(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	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	тх	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
3	Contribution Date (yyyymmdd)	(\$) Contribution Arr	nount
CONTRIBUTION	20160429	\$1,353.75	
DETAILS	In-Kind Contribution Description, if applicable		
	in-kind salaries and overhead		
	L		

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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 (if applicable)		
Contributor is an individual	Lyft, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 548 Market Street, #68514 Contributor City San Francisco Contributor Employer	Contributor Apartme Contributor State CA Contributor Occupat	Contributor Zip Code 94104
3]
CONTRIBUTION	Contribution Date (yyyymmdd) 20160429	(\$) Contribution Am \$394.47	
DETAILS	In-Kind Contribution Description, if applicable		
1	In-kind campaign supplies		

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1			
CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartmo	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND AND	San Francisco	СА	94104
EMPLOYER	Contributor Employer	Contributor Occupat	tion
3	Contribution Date (yyyymmdd)	(\$) Contribution Am	nount
CONTRIBUTION	20160429	\$541.10	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind travel and lodging		
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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	СА	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
	Contribution Date (yyyymmdd)	(\$) Contribution Arr	nount
CONTRIBUTION	20160430	\$660.71	
DETAILS	In-Kind Contribution Description, if applicable	· · · · · · · · · · · · · · · · · · ·	
	In-kind campaign consulting		



1			
CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
		┛┖	
3	Contribution Date (yyyymmdd)	(\$) Contribution An	nount
CONTRIBUTION	20160430	\$3,000.00	
DETAILS	In-Kind Contribution Description, if applicable		
n.	In-kind digital promotion	**	

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1			
CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
3	Contribution Date (yyyymmdd)	(\$) Contribution Am	nount
CONTRIBUTION	20160430	\$420.00	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind food and beverage		
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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

	Organization Name, or Contributor Last Name (if applicable)		
	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individu	al Lyft, Inc.		
	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
	Contribution Date (yyyymmdd)	(\$) Contribution Am	iount
CONTRIBUTION	20160430	\$180.00	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind travel and lodging		



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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 (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		, , <u>, , , , , , , , , , , , , , , , , </u>
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
λ.			
3	Contribution Date (yyyymmdd)	(\$) Contribution An	nount
CONTRIBUTION	20160501	\$31,890.71	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind campaign consulting		
	1		
Add Another Contribution Page		•	



(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	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		· · · · · · · · · · · · · · · · · · ·
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	СА	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
·			
3	Contribution Date (yyyymmdd)	(\$) Contribution An	nount
CONTRIBUTION	20160501	\$1,890.00	
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind digital promotion		

(



CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	СА	94104
EMPLOYER	Contributor Employer	Contributor Occupa	tion
	Contribution Date (yyyymmdd)	(\$) Contribution Amount \$420.00	
CONTRIBUTION	20160501		
DETAILS	In-Kind Contribution Description, if applicable		
	In-kind food and beverage		

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1				
CONTRIBUTOR				
NAME	Organization Name, or Contributor Last Name (if applicable)			
Contributor is an individual	Lyft, Inc.			
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number	
CONTRIBUTOR	548 Market Street, #68514			
ADDRESS	Contributor City	Contributor State	Contributor Zip Code	
AND	San Francisco	CA	94104	
EMPLOYER	Contributor Employer	Contributor Occupation		
3	Contribution Date (yyyymmdd)	(\$) Contribution An	nount	
CONTRIBUTION	20160501	\$419.28		
DETAILS	In-Kind Contribution Description, if applicable			
-	In-kind salaries and overhead			
	I	· · ·		

Add Another Contribution Page

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1			
CONTRIBUTOR			
NAME	Organization Name, or Contributor Last Name (if applicable)		
Contributor is an individual	Lyft, Inc.		
2	Contributor Address/ PO Box	Contributor Apartmo	ent or Suite Number
CONTRIBUTOR	548 Market Street, #68514		
ADDRESS	Contributor City	Contributor State	Contributor Zip Code
AND	San Francisco	CA	94104
EMPLOYER	Contributor Employer	Contributor Occupation	
	· · ·		
3	Contribution Date (yyyymmdd)	(\$) Contribution Am	nount
CONTRIBUTION	20160501	\$180.00	
DETAILS	In-Kind Contribution Description, if applicable	······································	
	In-kind travel and lodging		
L		· · · · · · · · · · · · · · · · · · ·	

Add Another Contribution Page

Add Anton 1



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

1					
PAYEE					
NAME Bus	iness Name, or Payee Last Name, if applicable				
Payee is an individual	k Strategies, LLC				
2 Pay	ree Address/ PO Box	Pa	yee Apartment or	- Suite Number	
DAVES	E. Walnut				
ADDRESS	ree City	Pa	yee State	Payee Zip Code	
Aus	itin	ТХ		78701	
3	egory	(\$) Expenditure Am	ount	
	vertising Expense		130,000.00		
DETAILS	scription (If Category is "Other")	Ex	penditure Date (y	yyymmdd)	
Ме	Media buy 20160429		160429		
4 Identify each candidate or ballot m	easure supported or opposed by the abov	e expenditure, if a	applicable.		
Candidate Last Name or Ballot Measure Supported/Opposed				Office Held (if applicable)	
Support of Proposition 1					
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Add Another Expenditure Page



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

1					
PAYEE					
NAME	Busine	ess Name, or Payee Last Name, if applicable			
Payee is an individual	Frost	Bank			
2	Payee	Address/ PO Box		Payee Apartment	or Suite Number
PAYEE	100 W	/est Houston Street			
ADDRESS	Payee	City		Payee State	Payee Zip Code
	San A	ntonio		тх	78205
3	Categ	ory		(\$) Expenditure A	mount
EXPENDITURE	Accou	inting/Banking		\$25.00	
DETAILS	Descri	iption (If Category is "Other")		Expenditure Date	(yyyymmdd)
	Wire	fees		20160429	
4 Identify each candidate or ball	ot mea:	sure supported or opposed by the above	expenditure	e, if applicable.	
Candidate Last Name or Ballot Me	easure	Candidate First Name		ce Sought	Office Held (if applicable)
Supported/Opposed Support of Proposition 1		(if applicable)	(11 2	pplicable)	(ii appicable)
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