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1 Total pages filed: 13	2 Filer Name	Kat Hoang			
COMMITTEE NAME	Committee Name				
COMMITTEE ADDRESS	Address/ PO Box PO Box 6193 City Austin			Apartment or Su State TX	Zip Code
COMMITTEE TREASURER NAME	Title Nickname	First Name Joseph Last Nam Pinnelli	e		Aiddle Initial Suffix
COMMITTEE TREASURER ADDRESS AND PHONE	Address/ PO Box 1507 W. 6th City Austin Phone Number (#	1##-###-####)		Apartment or Sui	Zip Code 78703
REPORTING PERIOD	Start Date (yyyym 20160502	nmdd)	THROUGH	End Date (yy 20160502	ryymmdd)

1 Total pages filed:	2 Filer Name Kat Hoang	
8		
REPORTS ATTACHED	ATX.7A - Pre-Election Report of Contributions	•
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 Afflant

1				
CONTRIBUTOR				
NAME	Organization Name, or Contributor Last Name (if applicable)			
Contributor is an individual	League of Women Voters			
2	Contributor Address/ PO Box	Contributor Apartme	ent or Suite Number	
CONTRIBUTOR	1011 W 31st			
ADDRESS	Contributor City	Contributor State	Contributor Zip Code	
AND	Austin	Тх	78705	
EMPLOYER	Contributor Employer	Contributor Occupation		
		<u> </u>		
3	Contribution Date (yyyymmdd)	(\$) Contribution Am	ount	
CONTRIBUTION	20160502	\$250.00		
DETAILS	In-Kind Contribution Description, if applicable			

1	Contributor Title Contributor First Name			
CONTRIBUTOR	Mark			
NAME	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix		
Contributor is an individual	Sweetland			
2	Contributor Address/ PO Box	Contributor Apartment or Suite Number		
CONTRIBUTOR	4401 Nixon Ln			
ADDRESS	Contributor City	Contributor State Contributor Zip Code		
AND	Austin	TX 78725		
EMPLOYER	Contributor Employer	Contributor Occupation		
3	Contribution Date (yyyymmdd)	(\$) Contribution Amount		
CONTRIBUTION	20160502	\$150.00		
DETAILS	In-Kind Contribution Description, if applicable			

1	Contributor Title Contributor First Name				
CONTRIBUTOR	Ann				
NAME	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix			
Contributor is an individual	Denkler				
2	Contributor Address/ PO Box	Contributor Apartm	ent or Suite Number		
CONTRIBUTOR	6112 Highlandale Dr				
ADDRESS	Contributor City	Contributor State	Contributor Zip Code		
AND	Austin	тх	78731		
EMPLOYER	Contributor Employer	Contributor Occupation			
		_ [
3	Contribution Date (ууууmmdd)	(\$) Contribution Am	nount		
CONTRIBUTION	20160502	\$250.00			
DETAILS	In-Kind Contribution Description, if applicable				

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name Lawrence Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 84 Waller St Contributor City Austin Contributor Employer	Contributor Apartment or Suite Number Contributor State Contributor Zip Code TX 78702 Contributor Occupation
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) 20160502 In-Kind Contribution Description, if applicable	(\$) Contribution Amount \$250.00

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name Philip Organization Name, or Contributor Last Name (if applicable) Spertus	Contributor Suffix	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 901 W 9th St Contributor City Austin Contributor Employer	Contributor Apartm Contributor State TX Contributor Occupa	Contributor Zip Code 78703
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) 20160502 In-Kind Contribution Description, if applicable	(\$) Contribution An	nount

1	Contributor Title Contributor First Name			
CONTRIBUTOR	Larry			
NAME	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix		
Contributor is an individual	Peel			
2	Contributor Address/ PO Box	Contributor Apartment or Suite Number		
CONTRIBUTOR	PO Box 248			
ADDRESS	Contributor City	Contributor State Contributor Zip Code		
AND	Austin	TX 78767		
EMPLOYER	Contributor Employer	Contributor Occupation		
3	Contribution Date (yyyymmdd)	(\$) Contribution Amount		
CONTRIBUTION	20160502	\$500.00		
DETAILS	In-Kind Contribution Description, if applicable			

CONTRIBUTOR NAME	Contributor Title Contributor First Name Richard Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix
Contributor is an individual	Suttle	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 100 Congress Ave Contributor City Austin Contributor Employer	Contributor Apartment or Suite Number Contributor State Contributor Zip Code TX 78701 Contributor Occupation
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) 20160502 In-Kind Contribution Description, if applicable	(\$) Contribution Amount \$500.00

1	Contributor Title Contributor First Name			
CONTRIBUTOR	Roman			
NAME	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix		
Contributor is an individual	Martinez			
2	Contributor Address/ PO Box	Contributor Apartm	nent or Suite Number	
CONTRIBUTOR	510 E 7th			
ADDRESS	Contributor City	Contributor State Contributor Zip Code		
AND	Houston	ТХ	77007	
EMPLOYER	Contributor Employer	Contributor Occupation		
3	Contribution Date (yyyymmdd)	(\$) Contribution Ar	nount	
CONTRIBUTION	20160502	\$5,000.00		
DETAILS	In-Kind Contribution Description, if applicable			

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

	•				
PAYEE					
NAME	Busine	ss Name, or Payee Last Name, if applicab	le		
Payee is an individual	Rindy &	& Associates, Inc.			
2	Payee	Address/ PO Box		Payee Apartment o	r Suite Number
PAYEE	2401 E	ast 6th Street			
ADDRESS	Payee	City		Payee State	Payee Zip Code
	Austin			тх	78702
3	Catego	огу		(\$) Expenditure Am	nount
EXPENDITURE	Advert	ising Expense		\$5,045.00	
DETAILS	Descrip	otion (If Category is "Other")		Expenditure Date (yyyymmdd)	
			20160502		
4 Identify each candidate or b	allot meas	ure supported or opposed by the abo	ove expenditure	e, if applicable.	
Candidate Last Name or Ballot Supported/Opposed	Measure	Candidate First Name (if applicable)		ice Sought ipplicable)	Office Held (if applicable)
Opposed Prop 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.

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1 PAYEE					-	
NAME	Busine	ss Name, or Payee Last Name, if applicabl	e			
Payee is an individual	Kelly G	raphics				
2	Payee	Address/ PO Box		Payee Apartment of	or Suite Number	
PAYEE	1409 C	Quaker Ridge Dr				
ADDRESS	Payee	City		Payee State	Payee Zip Code	
	Austin			тх	78746	
3	Catego	ry	<u> </u>	(\$) Expenditure Ar	mount	
EXPENDITURE	Printin	g Expense		\$1,383.44		
DETAILS	Descrip	otion (If Category is "Other")	· · · · · · · · · · · · · · · · · · ·	Expenditure Date (yyyymmdd)		
		***************************************		20160502		
4 Identify each candidate or b	allot meas	ure supported or opposed by the abo	ve expenditure	e, if applicable.		
Candidate Last Name or Ballot Supported/Opposed	Measure	Candidate First Name (if applicable)		ice Sought ipplicable)	Office Held (if applicable)	
Opposed Prop 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 Ti	itle Payee First Name			
PAYEE		Mykle		\neg	
NAME	Business	Name, or Payee Last Name, if applicable	e Payee Suffix		
Payee is an individual	Tomlins	on			
2	Payee Address/ PO Box		Payee Apart	Payee Apartment or Suite Number	
PAYEE	5102 Delores Ave				
ADDRESS	Payee City		Payee State	Payee Zip Code	
	Austin		тх	78721	
3	Category		(\$) Expendit	(\$) Expenditure Amount	
EXPENDITURE	Consulti	onsulting Expense			
DETAILS	Description (If Category is "Other")		Expenditure	Expenditure Date (yyyymmdd)	
			20160502		
4 Identify each candidate or bal	lot measu	re supported or opposed by the above	ve expenditure, if applicable	<u></u>	
Candidate Last Name or Ballot Measure		Candidate First Name	Office Sought	Office Held	
Supported/Opposed Opposed Prop 1		(if applicable)	(if applicable)	(if applicable)	
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