



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

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AUSTIN CITY CLERK
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2016 MAY 4 PM 3 33

1 Total pages filed:	11	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) 20160503 THROUGH End Date (yyyymmdd) 20160503



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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="Melissa"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Jones"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="1203 Elm 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="78703"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160503"/> <input type="text" value="\$200.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Becky"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Beaver"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="816 Congress Ave"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160503"/> <input type="text" value="\$250.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Charles"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Cotton"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="2600 Lynnwood Cir"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Norman"/> <input type="text" value="TX"/> <input type="text" value="73072"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160503"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>



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	Contributor Title Contributor First Name [] Margaret Organization Name, or Contributor Last Name (if applicable) Contributor Suffix Bettner []
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number 605 Laurel Valley Rd [] Contributor City Contributor State Contributor Zip Code West Lake Hills TX 78746 Contributor Employer Contributor Occupation [] []
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount 20160503 \$300.00 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.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Andrew"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Bowman"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="212 W 33rd 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="78705"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160503"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Carmen"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Tawil"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="4806 Balcones 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="20160503"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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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	Contributor Title Contributor First Name <input type="text"/> <input type="text" value="Hunter"/> Organization Name, or Contributor Last Name (if applicable) Contributor Suffix <input type="text" value="Ellinger"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor Apartment or Suite Number <input type="text" value="1622 Waterston Ave"/> <input type="text"/> Contributor City Contributor State Contributor Zip Code <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) (\$) Contribution Amount <input type="text" value="20160503"/> <input type="text" value="\$500.00"/> In-Kind Contribution Description, if applicable <input type="text"/>

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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) AFSCME Local 1624
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box 1812 Centre Creek Dr Contributor Apartment or Suite Number Ste 310 Contributor City Austin Contributor State TX Contributor Zip Code 78754 Contributor Employer Contributor Occupation
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) 20160503 (\$) Contribution Amount \$6,000.00 In-Kind Contribution Description, if applicable

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