



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

AUSTIN CITY CLERK
RECEIVED

2016 MAY 6 PM 2 56

☐ Office Use Only

1 Total pages filed:	8	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) 20160505	THROUGH	End Date (yyyymmdd) 20160505



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

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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	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="John"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Donisi"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="John"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Donisi"/>	<input type="text"/>										
Contributor Title	Contributor First Name																		
<input type="text"/>	<input type="text" value="John"/>																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
<input type="text" value="Donisi"/>	<input type="text"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text" value="2220 Parkway"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78703"/></td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		<input type="text" value="2220 Parkway"/>	<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"/>	
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
<input type="text" value="2220 Parkway"/>	<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	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160505"/></td><td><input type="text" value="\$250.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160505"/>	<input type="text" value="\$250.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>											
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<input type="text" value="20160505"/>	<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	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Robert"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Ayres"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Robert"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Ayres"/>	<input type="text"/>										
Contributor Title	Contributor First Name																		
<input type="text"/>	<input type="text" value="Robert"/>																		
Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
<input type="text" value="Ayres"/>	<input type="text"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text" value="2408 Keating Ln"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78703"/></td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		<input type="text" value="2408 Keating Ln"/>	<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"/>	
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
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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	<table><tr><td>Contributor Title</td><td>Contributor First Name</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Elliott"/></td></tr><tr><td>Organization Name, or Contributor Last Name (if applicable)</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Naishtat"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name	<input type="text"/>	<input type="text" value="Elliott"/>	Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix	<input type="text" value="Naishtat"/>	<input type="text"/>										
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Organization Name, or Contributor Last Name (if applicable)	Contributor Suffix																		
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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text" value="6401 Wilbur Dr"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City</td><td>Contributor State</td><td>Contributor Zip Code</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78757"/></td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box	Contributor Apartment or Suite Number		<input type="text" value="6401 Wilbur 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="78757"/>	Contributor Employer	Contributor Occupation		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box	Contributor Apartment or Suite Number																		
<input type="text" value="6401 Wilbur Dr"/>	<input type="text"/>																		
Contributor City	Contributor State	Contributor Zip Code																	
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<input type="text"/>	<input type="text"/>																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)</td><td>(\$) Contribution Amount</td></tr><tr><td><input type="text" value="20160505"/></td><td><input type="text" value="\$750.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)	(\$) Contribution Amount	<input type="text" value="20160505"/>	<input type="text" value="\$750.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>											
Contribution Date (yyyymmdd)	(\$) Contribution Amount																		
<input type="text" value="20160505"/>	<input type="text" value="\$750.00"/>																		
In-Kind Contribution Description, if applicable																			
<input type="text"/>																			

Add Another Contribution Page



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

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, if applicable.

Add Another Expenditure Page



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

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

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name		
		Mykle		
	Business Name, or Payee Last Name, if applicable		Payee Suffix	
	Tomlinson			
2 PAYEE ADDRESS	Payee Address/ PO Box		Payee Apartment or Suite Number	
	5102 Delores Ave.			
	Payee City		Payee State	Payee Zip Code
	Austin		TX	78721
3 EXPENDITURE DETAILS	Category		(\$) Expenditure Amount	
	Consulting Expense		\$1,000.00	
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)	
			20160505	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, if applicable.

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Opposed Prop 1			

Add Another Expenditure Page



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

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

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name		
		Caitlin		
	Business Name, or Payee Last Name, if applicable		Payee Suffix	
	Brown			
2 PAYEE ADDRESS	Payee Address/ PO Box		Payee Apartment or Suite Number	
	3411 Lyn Ridge Dr		#A	
	Payee City	Payee State	Payee Zip Code	
	Austin	TX	78723	
3 EXPENDITURE DETAILS	Category		(\$) Expenditure Amount	
	Salaries/Wages/Contract labor		\$500.00	
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)	
			20160505	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, if applicable.

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Opposed Prop 1			

Add Another Expenditure Page