



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 31 PM 4 35

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Equity Austin
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 41182 Apartment or Suite Number City* Austin State* TX Zip Code* 78704
3 COMMITTEE TREASURER NAME (if applicable)	Title Mr. First Name Marshall Middle Initial Last Name Escamilla Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 4803 Everglade Dr Apartment or Suite Number City Austin State TX Zip Code 78745
5 REPORT DATE	Date Filed (yyyymmdd)* 20161031

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures 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 2-2-32.

DATE: 10/31/16

[Signature]
AFFIANT'S SIGNATURE

Kevin Opp
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

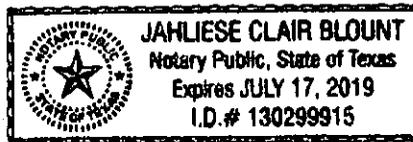
This instrument was acknowledged, sworn to and subscribed before me by

Kevin Opp

On the 31ST day of October, 2016, to certify which witness my hand and official seal.

Jahliese Clair Blount
Notary Public in and for the State of Texas

Jahliese Clair Blount
Typed or Printed Name of Notary





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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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="Thomas"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Ates"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4512B Avenue H"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78751"/> Contributor Employer* Contributor Occupation* <input type="text" value="Transform Data Systems"/> <input type="text" value="Owner"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161002"/> <input type="text" value="\$5.00"/>



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
		<input type="text"/>	<input type="text" value="Turner"/>	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		<input type="text" value="Bathsheba"/>		<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		<input type="text" value="132 Gemstone Lane"/>		<input type="text"/>
		Contributor City*	Contributor State*	Contributor Zip Code*
		<input type="text" value="Elgin"/>	<input type="text" value="TX"/>	<input type="text" value="78621"/>
		Contributor Employer*	Contributor Occupation*	
		<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		<input type="text" value="20161025"/>		<input type="text" value="\$500.00"/>



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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="Gregory"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Cribbs"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4202 Flagstaff 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="78759"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self employed"/> <input type="text" value="Property Manager"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161020"/> <input type="text" value="\$25.00"/>



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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="Eric"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Goff"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1714 Dartmouth 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="78702"/> Contributor Employer* Contributor Occupation* <input type="text" value="Citigroup Energy"/> <input type="text" value="Director"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161002"/> <input type="text" value="\$2,600.00"/>



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1	CONTRIBUTOR NAME	Contributor Title		Contributor First Name*	
		<input type="text"/>		<input type="text" value="Evan"/>	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Gill"/>		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="411 Brazos St. #99"/>		<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" value="Self employed"/>		<input type="text" value="Consultant"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		<input type="text" value="20160930"/>		<input type="text" value="\$25.00"/>	



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
		<input type="text"/>	<input type="text" value="Rena"/>	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		<input type="text" value="Pacheco-Theard"/>		<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		<input type="text" value="701 Clear Stream Xing"/>		<input type="text"/>
		Contributor City*	Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78753"/>
		Contributor Employer*	Contributor Occupation*	
		<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		<input type="text" value="20161024"/>		<input type="text" value="\$25.00"/>



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
		<input type="text"/>	<input type="text" value="Timothy"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Thomas"/>		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="3403 Santa Monica"/>		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78741"/>
		Contributor Employer*		Contributor Occupation*	
		<input type="text" value="Unity Technology"/>		<input type="text" value="Software Engineer"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*			(\$) Contribution Amount*
		<input type="text" value="20161021"/>			<input type="text" value="\$10.00"/>



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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="Chris"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Wojtewicz"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="8409 Adirondack Trl"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78759"/> Contributor Employer* Contributor Occupation* <input type="text" value="State of Texas"/> <input type="text" value="Management Analyst"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161007"/> <input type="text" value="\$25.00"/>

[Add Another Contribution Page](#)