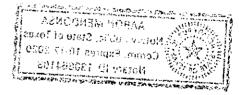
Committee or Organization Name*	_		
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	Address/ PO Box* Title First Name Last Name Address/ PO Box	Address/ PO Box* Apartment or 7537 Canex a Ll City* State* Tk Title First Name Last Name Suffix Address/ PO Box Apartment or City State Date Filed (yyyymmdd)*	Address/PO Box* Apartment or Suite Number T537 Conex a 21 City* State* Zip Code* Title First Name Middle Initial Conex Last Name Suffix Address/PO Box Apartment or Suite Number City State Zip Code Date Filed (yyyymmdd)*

* Indicates a required field





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: \\\\\\

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

79000

Trema Kunari

On the

_day of November

, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

AARON MENDONSA

Notary Public, State of Texas

Comm. Expires 10-17-2020

Notary ID 130864108



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable	•		
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin		Payee Apartment or Sui	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amoun \$1,010.07 Expenditure Date (yyyy) 20161110		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Pool		Leslie	5	City Council	



For addition:	al expenditures.	click "Add	Another Ex	nenditure l	Page" helow
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1 PAYEE NAME					
Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applicable' rketing	*		
2 PAYEE	Payee Addre		Payee Apartment or Suit	e Number	
ADDRESS	Payee City* San Antonio		Payee State* Payee Zip Code* TX 78238		
3 EXPENDITURE	Category* POLLING		(\$) Expenditure Amount* \$500.00		
DETAILS	Description (If Category is "Other") POLLING		Expenditure Date (yyyymmdd)* 20161028		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Pool		Leslie	7	City Council	



Itemize each expenditure in Sections 1-4.

		illottier experiateure rage below.			
PAYEE NAME Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applicable' rketing	*		
PAYEE ADDRESS	Payee Addre 1808 Grand Payee City* San Antonio	stand	Payee Apartment or Sui Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* POLLING Description (If Category is "Other") POLLING		(\$) Expenditure Amount \$500.00 Expenditure Date (yyyyi 20161028		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Gallo		Sheri	10	City Council	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable*			
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin		Payee Apartment or Sui Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		\$\$\ Expenditure Amount \$473.06 Expenditure Date (yyyyn 20161110		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Gallo		Sheri	10	City Council	



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-or additional	experioitures,	CHCK	Add Another	expenditure	rage	below.

PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable	*	
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin		Payee Apartment or Su Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amour \$473.05 Expenditure Date (yyyy 20161110	
4 Identify each candidate	e or ballot m	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Workman		Paul	47	State Representative



Itemize each expenditure in Sections 1-4.

		Hother Expenditure rage below.	· · · · · · · · · · · · · · · · · · ·		
PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable	*		
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin		Payee Apartment or Sui Payee State*	te Number Payee Zip Code* 78722	
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amount \$473.05 Expenditure Date (yyyyi 20161110		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Zimmerman		Don	6	City Council	



For	additional	expenditures	click	"Add Another	Expenditure	Page"	below
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or additional expenditores,		Hother Experientare rage below.			
PAYEE NAME Contributor is an individual	Organization Worley Prir	Name or Payee Last Name as applicable*			
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin		Payee Apartment or Sui Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amount \$473.05 Expenditure Date (yyyyr 20161110		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Daughtery	•	Gerald		Commisioner	



Itemize each expenditure in Sections 1-4.

		mother expenditure rage bere			
PAYEE NAME Contributor is an individual	Organization Worley Prir	Name or Payee Last Name as applicanting	ble*		
PAYEE ADDRESS	Payee Addre 3247 N. Int Payee City* Austin		Payee Apartment or S Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amou \$1,010.07 Expenditure Date (yyy 20161110		
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Gallo		Sheri	10	City Council	



Itemize each expenditure in Sections 1-4.

,		Hother Experientare rage below			
1					
PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable	e*		
2 PAYEE	Payee Addre		Payee Apartment or Su	nite Number	
ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78722	
3 EXPENDITURE	Category* PRINTING		(\$) Expenditure Amour \$1,010.06	nt*	
DETAILS	Description (If Category is "Other")		Expenditure Date (yyyy 20161110	vmmdd)*	
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.					
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Casar		Greg	4	City Council	



Itemize each expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

		Hother Experiental et age Below:		
PAYEE NAME Contributor is an individual	Organization Worley Prin	Name or Payee Last Name as applicable*		
PAYEE ADDRESS	Payee Addres 3247 N. Inte		Payee Apartment or Suit Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")	(\$) Expenditure Amount \$1,010.06 Expenditure Date (yyyyr 20161110	
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.				
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Garza		Delia	2	City Council

Add Another Expenditure Page

Expenditures: Page 10 of 15



For	additional	expenditures,	click	"Add	Another	Expenditure	Page"	below.

PAYEE NAME Contributor is an individual	Organization Worley Prir	Name or Payee Last Name as applicable	•	
PAYEE ADDRESS	Payee Addre 3247 N. Into Payee City* Austin	· · · · · · · · · · · · · · · · · · ·	Payee Apartment or Suit Payee State* TX	e Number Payee Zip Code* 78722
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other")		(\$) Expenditure Amount \$1,010.06 Expenditure Date (yyyyn 20161110	
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure, a	s applicable.
Candidate Last Name or Ballot Measure Candidate First Name Supported/Opposed* (if applicable)			Office Sought (if applicable)	Office Held (if applicable)
Zimmerman		Don	6	City Council



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For	additional	expenditures.	click	"Add Another	Expenditure	Page"	below.

PAYEE NAME Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applicable* rketing		,
PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand Payee City* San Antonio			e Number Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* OTHER Description (If Category is "Other") PHONE BANKING		(\$) Expenditure Amount \$3,500.00 Expenditure Date (уууул 20161028	
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.				
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gallo Sh		Sheri	10	City Council



For additional expenditures, click "Add Another Expenditure Page" be
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1					
PAYEE NAME					
Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applicab	le*		
2 PAYEE	Payee Addre		Payee Apartment or S	uite Number	
ADDRESS .	Payee City* San Antonio		Payee State*	Payee Zip Code* 78238	
3 EXPENDITURE	Category* PRINTING		(\$) Expenditure Amou \$6,050.00	nt*	
Description (If Co		If Category is "Other")	Expenditure Date (yyy 20161028	Expenditure Date (yyyymmdd)* 20161028	
4 Identify each candidate	or ballot m	easure supported or opposed b	y the above expenditure	, as applicable.	
Candidate Last Name or Ballot Measure Candidate First Name Supported/Opposed* (if applicable)		Office Sought (if applicable)	Office Held (if applicable)		
Gallo		Sheri	10	City Council	



Itemize each expenditure in Sections 1-4.

1				
PAYEE NAME Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applica rketing	ble*	
PAYEE ADDRESS	Payee Addre 1808 Grand Payee City* San Antonio	lstand	Payee Apartment or S Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* PRINTING Description (If Category is "Other") Mialers		(\$) Expenditure Amou \$4,450.00 Expenditure Date (yyy 20161028	
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable.				
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Zimmerman		Don	6	City Council



Itemize each expenditure in Sections 1-4.

·		<u> </u>		
PAYEE NAME Contributor is an individual	Organization Everest Ma	Name or Payee Last Name as applicable'rketing	•	
PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand Payee City* San Antonio		Payee Apartment or Su Payee State*	Payee Zip Code*
EXPENDITURE DETAILS	Category* POLLING Description (If Category is "Other") POLLING		(\$) Expenditure Amoun \$500.00 Expenditure Date (yyyy 20161028	
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Ballot Measure Candidate First Name Supported/Opposed* (if applicable)			Office Sought (if applicable)	Office Held (if applicable)
Zimmerman		Don	6	City Council



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as Austin Firefighters Association PAC	s applicable*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 7537 Cameron Road Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78752 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* 20000

Contributions: Page 1 of 3



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as applica Austin Firefighters Association PAC	able*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 7537 Cameron Road Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78752 Contributor Occupation*
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161011	(\$) Contribution Amount* 5000
Add Another Contribution Page		



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name Austin Firefighters Association PAC	as applicable*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 7537 Cameron Road Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78752 Contributor Occupation*
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Amount* 13442.81
Add Another Contribution Page	1	

Contributions: Page 3 of 3

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