



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Equity Austin</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>PO Box 41182 </p> <p>City* State* Zip Code*</p> <p>Austin TX 78704</p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Last Name Suffix</p> <p>Escamilla </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p>4803 Everglade Dr. </p> <p>City State Zip Code</p> <p>Austin TX 78745</p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20161107</p>

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 AUSTIN CITY CLERK

* 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: 11/17/16

Ryan Nill

AFFIANT'S SIGNATURE

Ryan Nill

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Ryan Nill

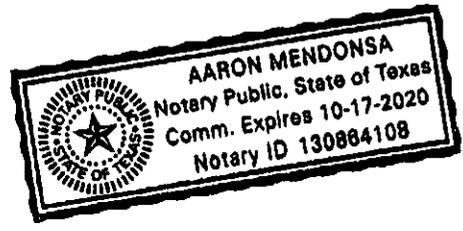
On the 8 day of November, 2016, to certify which witness my hand and official seal.

Aaron Mendonsa

Aaron Mendonsa

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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Expenditure

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

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text" value="Election Support Services, Inc."/>		
2	PAYEE ADDRESS	Payee Address/ PO Box* <input style="width:100%;" type="text" value="2611 Rompel Pass"/> Payee City* <input style="width:100%;" type="text" value="San Antonio"/>	Payee Apartment or Suite Number <input style="width:100%;" type="text"/> Payee State* <input style="width:100%;" type="text" value="TX"/>	Payee Zip Code* <input style="width:100%;" type="text" value="78232"/>
3	EXPENDITURE DETAILS	Category* <input style="width:100%;" type="text" value="Printing Expense"/> Description (If Category is "Other") <input style="width:100%;" type="text" value="Data and direct mail design"/>	(\$) Expenditure Amount* <input style="width:100%;" type="text" value="\$3,370.02"/> Expenditure Date* <input style="width:100%;" type="text" value="20161104"/>	

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)
Gauldin, Supported	Natalie	City Council	

[Add Another Expenditure Page](#)



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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"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer* Contributor Occupation* <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text"/> <input type="text"/>

Add Another Contribution Page