

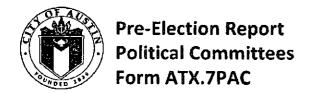
AUSTIN CITY CLERK Office Use Only RECEIVED

2016 DEC 8 PM 4 13

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1		Committee Name*									
	COMMITTEE NAME	Travis County Re	publican Party								
2	,	Address/ PO Box				Apartment or Suite Number			_		
	COMMITTEE	9420 Research B	lvd Echelon III						·		
	ADDRESS	City	·-··			Sta	te	Zi	ip Code		_
		Austin				ΤX		7.	8750		
3	COMMITTEE TREASURER NAME	Title Nickname	First Name TimothY	Last Name Scott				Middl J.	e Initial	Suffix	
4	COMMITTEE TREASURER ADDRESS	Address/ PO Box 4502 Clarno Dr. City Austin				Apa Stat	ertment or	Zi	umber p Code 8749		
5	REPORTING PERIOD	Start Date (уууул 20161207	nmdd)*		THROUGH		End Date 20161208		mdd)*		

^{*} Indicates a required field



6 SCHEDULES		Schedule ATX.7A - Pre-Election Report of Contributions
ATTACHED		
Check box for each form attached	\boxtimes	Schedule ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the 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

Contribution



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.

* Indicates a required field

1	I	
CONTRIBUTOR		
195775		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	
2		· · · · · · · · · · · · · · · · · · ·
	Contributor Address/ PO Box*	Contributor Apartment or Sulte Number
CONTRIBUTOR		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND		
EMPLOYER		
	Contributor Employer	Contributor Occupation
	Per Clty Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION		
DETAILS	-	J L
	In-Kind Contribution Description, if applicable	

Add Another Contribution Page



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

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1**: **Report of Direct** Campaign Expenditures

* Indicates a required field

1					
PAYEE	·				
NAME	Organization Name or Payee Last Name, as applicable*	_	•		
Payee Is an individual	Thomas Graphics, Inc.				
2	Payee Address/ PO Box*	Payee Apartment	ar Suite Number		
PAYEE	PO Box 142226				
ADDRESS	Payee City*	Payee State*	Payee Zlp Code*		
	Austin	TX	78714-2226		
3	Category*	(\$) Expenditure A	Amount*		
EXPENDITURE	Printing Expense	\$3,962.94	\$3,962.94		
DETAILS	Description (If Category is "Other")	Expenditure Date	*		
		12/07/16			



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

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form ATX.1: Report of Direct Campaign Expenditures

* Indicates a required field

î				
PAYEE				
NAME	Organization Name or Payee Last Name, as applicable*	_		
Payee Is an individual	Thomas Graphics, Inc.			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	PO Box 142226			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	тх	78714	
3	Category*	(\$) Expenditure A	imount*	
EXPENDITURE	Printing Expense	\$5,250.83		
DETAILS	Description (If Category is "Other")	Expenditure Date*		
		12/07/2016		



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

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form ATX.1: Report of Direct Campaign Expenditures

* Indicates a required field

1 PAYEE				
PATEE				
NAME	Organization Name or Payee Last Name, as applicable*	,		
Payee is an Individual	Time & Space Media			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	5 Revere Dr, Ste 200			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Northbrook		60062	
3	Category*	(\$) Expenditure A		
EXPENDITURE	Advertising Expense	\$2,500.00		
DETAILS	Description (If Category is "Other.")	Expenditure Date	Expenditure Date*	
		12/07/2016		



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

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form ATX.1: Report of Direct Campaign Expenditures

* Indicates a required field

PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* Left Hand Design]	
PAYEE ADDRESS	Payee Address/ PO Box* 7233 Manchaca Rd #37 Payee City* Austin	Payee Apartment Payee State*	or Suite Number Payee Zip Code* 78745
3 EXPENDITURE DETAILS	Category* Other (use Description field) Description (If Category is "Other") Design Services	(\$) Expenditure A \$1,623.75 Expenditure Date 12/07/2016	



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

Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form ATX.1: Report of Direct Campaign Expenditures

* Indicates a required field

PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable*	
PAYEE ADDRESS	Payee Address/ PO Box* Payee City*	Payee Apartment or Suite Number Payee State* Payee Zip Code*
3 EXPENDITURE DETAILS	Category * Description (If Category is "Other")	(\$) Expenditure Amount* Expenditure Date*