1	Committee or Organization Name*		
INDIVIDUAL	Vote Yes on Prop K Political Action Committee		
OR			
ORGANIZATION			
NAME		•	
Filer is an individual			
		,	
		OCC RECEIVED AT OCT 3'18 PH1:17	
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or Suite Number	
ORGANIZATION	806 Jewell St		
ADDRESS	City*	State* Zip Code*	
ADDITESS	Austin	TX 78704	
3	Title First Name	Middle Initial	
COMMITTEE TREASURER	Mr. Michael	R	
NAME	Last Name	Suffix	
(if applicable)	Searle		
4 ^	Address/ PO Box	Apartment or Suite Number	
COMMITTEE TREASURER			
ADDRESS	City	State Zip Code	
(if applicable)			
5	Date Filed (yyyymmdd)*		
REPORT DATE	20181003		

* Indicatés a required field

AARON OLAY
Makey Public, State of Tense
Squites 07/16/2021
1.0.4 129482032



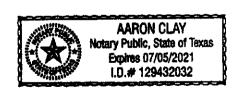
6 AFFIDAVIT

DATE: 10/3/2018

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.

mal	Michael Sea-le
AFFIANT'S SIGNATURE	PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and subscr Machael Ryan Searle	ibed before me by
On the 3 day of October,	2018 , to certify which witness my hand and official seal.
	Aceron Class
Notary Public in and for the State of Texas	Typed or Printed Name of Notary





Expenditure

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

1			
PAYEE		· ·	,
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Benezet Consulting, LLC	1.	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3800 Creek Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
·	Dripping Springs	ТХ	78620
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Consulting Expense	\$1,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
•		20181002	
· .			

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)	
Support - Proposition K				
, , , , , , , , , , , , , , , , , , ,				
			•	
- 1	,			



Expenditure

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

PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* Michael Searle]	
PAYEE	Payee Address/ PO Box*	Payee Apartment	or Suite Number
ADDRESS ,	Payee City* Austin	Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other") Reimbursement for Labor Expenses	(\$) Expenditure A \$1,500.00 Expenditure Date 20181002	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable) -	(if applicable)
upport - Proposition K			
-			
		<u>.</u>	
•	`		



Expenditure

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

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Colton Bostick		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	306 Gulfstream Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Georgetown	ТХ	78626
	Category*	(\$) Expenditure A	·mount*
EXPENDITURE	Other (use Description field)	\$1,000.00	-
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Video Production	20181002	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
support - Proposition K			
-			
	·		
	/		· :
			<u> </u>



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	Contributor Title Contributor First Name* Ellen Organization Name or Contributor Last Name, as applicable* Wood	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5002 Sevan Cove Contributor City* Austin Contributor Employer* VCFO	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78731 Contributor Occupation* CEO
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181002	(\$) Contribution Amount* \$500.00

Add Another Contribution Page