



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
OCT 12 '18 AM 11:37

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Keep Austin Affordable</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<div>Address/ PO Box*<div>PO Box 1136</div></div> <div>Apartment or Suite Number<div></div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78767</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div>Title<div></div></div> <div>First Name<div>Ed</div></div> <div>Middle Initial<div></div></div> <div>Last Name<div>McHorse</div></div> <div>Suffix<div></div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div>Address/ PO Box<div>600 Congress Ave.</div></div> <div>Apartment or Suite Number<div>2100</div></div> <div>City<div>Austin</div></div> <div>State<div>TX</div></div> <div>Zip Code<div>78701</div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181011</div>

* 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: 10-11-18

AFFIANT'S SIGNATURE

Edward McHorse

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

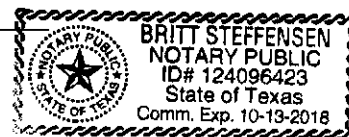
Edward McHorse

On the 11th day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Britt Steffensen

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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Rindy & Associates</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2401 East 6th St.</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div>1007</div> Payee State* <div>TX</div> Payee Zip Code* <div>78702</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div>Political television advertising</div>		(\$) Expenditure Amount* <div>\$100,000.00</div> Expenditure Date* <div>20180828</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]

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* <div>Rindy & Associates</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2401 East 6th St.</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div>1007</div> Payee State* <div>TX</div> Payee Zip Code* <div>78702</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div>Political television advertising</div>		(\$) Expenditure Amount* <div>\$25,000.00</div> Expenditure Date* <div>20180926</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



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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* Influence Opinions		
2	PAYEE ADDRESS	Payee Address/ PO Box* 9600 Escarpment Blvd., Ste. 745-223	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78749
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$50,000.00	
		Description (If Category is "Other") Digital advertising	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)
Prop A			



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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* Jonathan Organization Name or Contributor Last Name, as applicable* Coon Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3939 Bee Caves Rd. C100 Contributor City* Austin Contributor Employer* Impossible Ventures Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78746 Contributor Occupation* Entrepreneur
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181003 (\$) Contribution Amount* \$10,526.63



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Slate Real Estate Partners	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9811 Katy Freeway	Contributor Apartment or Suite Number 925
	Contributor City* Houston	Contributor State* TX
		Contributor Zip Code* 77024
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181002	(\$) Contribution Amount* \$8,421.37



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Terry</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Mitchell</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Terry	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Mitchell											
Contributor Title	Contributor First Name*																		
	Terry																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Mitchell																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>3212 Bridle Path</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78703</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Momark Development</td><td colspan="2">Real Estate</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		3212 Bridle Path			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78703	Contributor Employer*	Contributor Occupation*		Momark Development	Real Estate	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
3212 Bridle Path																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78703																	
Contributor Employer*	Contributor Occupation*																		
Momark Development	Real Estate																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180928</td><td>\$1,052.95</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180928	\$1,052.95														
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Drenner Group PC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 200 Lee Barton Dr.	Contributor Apartment or Suite Number 100
	Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78704
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180928	(\$) Contribution Amount* \$10,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* MileStone Community Builders, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9111 Jollyville Rd.	Contributor Apartment or Suite Number 111	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78759
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181005	(\$) Contribution Amount* \$15,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>East 43rd St. LLC</div>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>702 Antonio St.</div> Contributor City* <div>Austin</div> Contributor Employer* <div></div>	Contributor Apartment or Suite Number <div></div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78701</div> Contributor Occupation* <div></div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20181004</div>	(\$) Contribution Amount* <div>\$5,000.00</div>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Metcalfe Wolff Stuart & Williams LLP</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>221 W. 6th St.</div>	Contributor Apartment or Suite Number <div>1300</div>	Contributor City* <div>Austin</div>
	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701</div>	Contributor Employer* <div></div>
	Contributor Occupation* <div></div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20181003</div>	(\$) Contribution Amount* <div>\$1,500.00</div>	

Add Another Contribution Page