



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Keep Austin Affordable</div> <div>OCC RECEIVED AT OCT 16 '18 PM4:23</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>PO Box 1136</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78767</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Ed</div> Middle Initial <div></div> Last Name <div>McHorse</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>600 Congress Ave.</div> City <div>Austin</div> Apartment or Suite Number <div>2100</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181016</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: 10-16-18

[Signature]

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 S. McHorse

On the 16th day of October, 2018, to certify which witness my hand and official seal.

[Signature]

Britt Steffensen

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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>USPS</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>814 Congress Ave.</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78701</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div>postage for get out the vote mail</div>		(\$) Expenditure Amount* <div>\$5,775.00</div> Expenditure Date* <div>20181015</div>

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

[illegible]



Revised 8/4/2016
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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* Austin Chronicle		
2	PAYEE ADDRESS	Payee Address/ PO Box* PO Box 1136	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78767
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$1,545.00	
		Description (If Category is "Other") Political print advertisement	Expenditure Date* 20181012	

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			

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 type="text"/>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <input type="text"/> Payee City* <input type="text"/>		Payee Apartment or Suite Number <input type="text"/> Payee State* <input type="text" value="TX"/>
3 EXPENDITURE DETAILS	Category* <input type="text" value="Other (use Description field)"/> Description (If Category is "Other") <input type="text"/>		(\$) Expenditure Amount* <input type="text"/> Expenditure Date* <input type="text"/>

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

[illegible]



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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 type="checkbox"/> Contributor is an Individual	Organization Name or Contributor Last Name, as applicable* <div>Endeavor Real Estate Group, Ltd.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>500 West 5th St.</div>	Contributor Apartment or Suite Number <div>700</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>20181012</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* Lockwood, Andrews & Newnam, Inc.				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2925 Briarpark Dr.	Contributor Apartment or Suite Number 	Contributor City* Houston	Contributor State* TX	Contributor Zip Code* 77042
3 CONTRIBUTOR DETAILS	Contributor Employer* 	Contributor Occupation* 	Contribution Date (yyyymmdd)* 20181015	(\$) Contribution Amount* \$2,500.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Atlanta Pacific Communities, LLC</div>			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>1025 Kane Concourse</div>	Contributor Apartment or Suite Number <div>Ste. 215</div>	Contributor State* <div>FL</div>	Contributor Zip Code* <div>33154</div>
3 CONTRIBUTION DETAILS	Contributor City* <div>Bay Harbor Islands</div>		Contributor Employer* <div></div>	
Contributor Occupation* <div></div>		Contribution Date (yyyymmdd)* <div>20181012</div>		
		(\$) Contribution Amount* <div>\$15,000.00</div>		



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Gulf Coast Community Builders, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3901 South Lamar Blvd.	Contributor Apartment or Suite Number Ste. 120	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78704
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012	(\$) Contribution Amount* \$5,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Atlantic Pacific Community Builders LLC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2950 SW 27th Ave. Contributor City* Miami Contributor Employer* 	Contributor Apartment or Suite Number Ste. 200 Contributor State* FL Contributor Zip Code* 33133 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012	(\$) Contribution Amount* \$5,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Guadalupe Neighborhood Development Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 813 E. 8th St.	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78702
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012		(\$) 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* <input type="text"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/>	
	Contributor City* <input type="text"/>	Contributor State* TX	Contributor Zip Code* <input type="text"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>		(%) Contribution Amount* <input type="text"/>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an Individual	Organization Name or Contributor Last Name, as applicable* Jaime Capelo, PC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 West 15th St.	Contributor Apartment or Suite Number Ste. 870	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012	(\$) Contribution Amount* \$500.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Coats Rose, P.C. PAC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9 Greenway Plaza	
	Contributor Apartment or Suite Number Ste. 1100	
	Contributor City* Houston	Contributor State* TX
	Contributor Zip Code* 77046	
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012	
	(\$) Contribution Amount* \$5,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Foundation Communities, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3036 S. First St. #200	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78704
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181015	(\$) Contribution Amount* \$25,000.00	

Add Another Contribution Page