



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
NOV 1 '18 PM 2:34

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	Address/ PO Box* <div>PO Box 1136</div> Apartment or Suite Number <div></div> City* <div>Austin</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> Apartment or Suite Number <div>2100</div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181101</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: 11-1-18

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 1st day of November, 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





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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* Alori Property Management, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 509 Oakland Ave.	Contributor Apartment or Suite Number 	Contributor City* Austin
	Contributor State* TX	Contributor Zip Code* 78705	Contributor Employer* n/a
	Contributor Occupation* n/a		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181031	(\$) Contribution Amount* \$1,000.00	



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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>Hon.</td><td>Ann</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Kitchen</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Hon.	Ann	Organization Name or Contributor Last Name, as applicable*		Kitchen		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Hon.	Ann																								
Organization Name or Contributor Last Name, as applicable*																									
Kitchen																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2401 Briargrove</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78704</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">City of Austin</td><td colspan="2">City Council Member</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2401 Briargrove				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78704		Contributor Employer*		Contributor Occupation*		City of Austin		City Council Member	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2401 Briargrove																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78704																							
Contributor Employer*		Contributor Occupation*																							
City of Austin		City Council Member																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181031	\$500.00																				
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Lighthouse Solar Austin				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2000 South 7th St.	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78704
	Contributor Employer* n/a	Contributor Occupation* n/a			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181031		(\$) Contribution Amount* \$750.00		



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* NRP Holdings, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1228 Euclid Ave.	Contributor Apartment or Suite Number 400	
	Contributor City* Cleveland	Contributor State* OH	Contributor Zip Code* 44115
	Contributor Employer* n/a	Contributor Occupation* n/a	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181031		(S) Contribution Amount* \$10,000.00

[Add Another Contribution Page](#)