

## Pre-Election Report Political Committees Form ATX.7PAC

### DCC RECEIVED AT NOV 6 '18 AM11:11

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	Vote Yes on Prop K PAC			
2	Address/ PO Box		Apartment or Su	iite Number
COMMITTEE	806 Jewell St			
ADDRESS	City	,	State	Zip Code.
	Austin	· · · · · · · · · · · · · · · · · · ·	тх	78704
3 COMMITTEE TREASURER	Title First Name Michael		<b>1</b>	Middle Initial
NAME	Nickname Last Nam	e		Suffix
4	Address/ PO Box 806 Jewell St		Apartment or Su	lite Number
COMMITTEE TREASURER ADDRESS	City	· · · ·	State	Zip Code
	Austin		ТХ	78704
5	Start Date (yyyymmdd)*		End Date (y	
REPORTING PERIOD	20181105	THROUGH	20181105	

\* Indicates a required field



Pre-Election Report Political Committees Form ATX.7PAC

6			
SCHEDULES	Schedule ATX.7A - Pre-Election Report of Contrib	utions	
ATTACHED			
Check box for each form	Schedule ATX.7F - Pre-Election Report of Expendi	itures	· · ·
attached		· · ·	

### 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

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## **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			
CONTRIBUTOR	Contributor Title Contributor First Name*		
NAME	Shane		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Ingraham		
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	2011 Iroquois Ln, Unit.B		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND :	Austin	TX 78741	. `
EMPLOYER	Contributor Employer	Contributor Occupation	
	Zuma Capital	Analyst	
	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or mor	e
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION	20181105	\$100.00	·.
DETAILS	In-Kind Contribution Description, if applicable		
			•

### Add Another Contribution Page

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

<b>1</b>	CONTRIBUTOR	Contributor Title Contributor First Name*	
	NAME		
	ontributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Travis County Republican Party	
2		Contributor Address/ PO Box*	_ Contributor Apartment or Suite Number
• • • ••	CONTRIBUTOR	807 Brazos St	408
	ADDRESS	Contributor City*	Contributor State Contributor Zip Code
	AND	Austin	TX 78701
	EMPLOYER	Contributor Employer	Contributor Occupation
·		Travis GOP	Travis GOP
		Per City 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	20181105	\$9,800.00
DETAILS		In-Kind Contribution Description, if applicable	
· · · ·			

Add Another Contribution Page

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

Expenditure

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(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	Benezet Consulting, LLC	en de la companya de La companya de la comp	· · · · · · · · · · · · · · · · · · ·
2	Payee Address/ PO Box*	Payee Apartment or Suite Nur	nber
PAYEE	3800 Creek Dr		
ADDRESS	Payee City*	Payee State* Payee Zi	p Code*
	Dripping Springs	TX 78620	
3	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Consulting Expense	\$4,714.29	
DETAILS	Description (If Category is "Other.")	Expenditure Date* 20181105	
	Management/Labor		

### Add Another Expenditure Page