



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

☐ Office Use Only

OCC RECEIVED AT  
DEC 18 '18 PM 2:25

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 <b>COMMITTEE NAME</b>	Committee Name* Home Builders Association HOMEPAC Personal		
2 <b>COMMITTEE ADDRESS</b>	Address/ PO Box 8140 Exchange Drive		Apartment or Suite Number 
	City Austin	State TX	Zip Code 78754
3 <b>COMMITTEE TREASURER NAME</b>	Title Ms.	First Name Emily	Middle Initial K
	Nickname 	Last Name Lubbers Blair	Suffix 
4 <b>COMMITTEE TREASURER ADDRESS</b>	Address/ PO Box 		Apartment or Suite Number 
	City 	State 	Zip Code 
5 <b>REPORTING PERIOD</b>	Start Date (yyyymmdd)* 20181009	THROUGH	End Date (yyyymmdd)* 20181029

\* Indicates a required field



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

<p>6</p> <p><b>SCHEDULES ATTACHED</b></p> <p><i>Check box for each form attached</i></p>	<p><input type="checkbox"/> Schedule ATX.7A - Pre-Election Report of Contributions</p> <p><input checked="" type="checkbox"/> Schedule ATX.7F - Pre-Election Report of Expenditures</p>
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## 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



# 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>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text"/>	<input type="text"/>																				
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<input type="text"/>	<input type="text"/>																												
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="4">Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text"/>		<input type="text"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text"/>		<input type="text"/>	<input type="text"/>	Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
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<input type="text"/>		<input type="text"/>	<input type="text"/>																										
Contributor Employer		Contributor Occupation																											
<input type="text"/>		<input type="text"/>																											
Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more																													
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text"/>	<input type="text"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																					
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In-Kind Contribution Description, if applicable																													
<input type="text"/>																													

Add Another Contribution Page



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

(Attach to Form ATX.7PAC Coversheet)

## Expenditure

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	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Majority Strategies, LLC		
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 12854 Kenan Drive	Payee Apartment or Suite Number 145	
		Payee City* Jacksonville	Payee State* FL	Payee Zip Code* 32258
3	<b>EXPENDITURE DETAILS</b>	Category* Advertising Expense	(\$) Expenditure Amount* \$4,350.73	
		Description (If Category is "Other")	Expenditure Date* 20181025	

Add Another Expenditure Page