

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>3</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			Date Received
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED		Month Day Year <u>01 / 01 / 2019</u> THROUGH <u>06 / 30 / 2019</u>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		

OCC RECEIVED AT
JUL 12 '19 PM 3:25

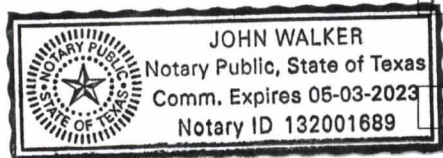
6 EXPLANATION OF CORRECTION

Campaign Treasurer information did not populate in the appropriate fields when the report was generated. The information has been added manually.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Natasha M
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Natasha Harper-Madison this the 12 day of July, 2019, to certify which, witness my hand and seal of office.

John Walker
Signature of officer administering oath

John Walker
Printed name of officer administering oath

notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Natasha	OFFICE USE ONLY Date Received OCC RECEIVED AT JUL 12 '19 PM 3:25	
	NICKNAME LAST SUFFIX Harper-Madison		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1609 E13th Street Austin, TX 78702	Date Hand-delivered or Date Postmarked	
		Receipt # Amount	
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Marcus M NICKNAME LAST SUFFIX Hobbs		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12111 Black Angus Dr Austin TX 78727		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 512 794-8234		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2019 THROUGH 06/30/2019		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council Place Austin District 1 Travis		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

2 of 11

13 C / OH NAME Harper-Madison, Natasha**14 Filer ID****15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**☐ Additional PagesThis box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 545.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,695.00**EXPENDITURE
TOTALS**

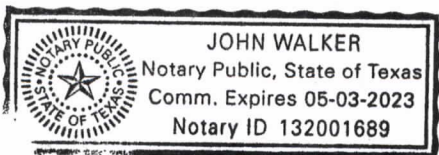
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 3,589.34**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 353.52

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Natasha Harper-Madison, this the 12 day of July, 20 19, to certify which, witness my hand and seal of office.
Signature of officer administeringJohn Walker
Printed name of officer administeringnotary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH**
COVER SHEET PG 3

3 of 11

18 FILER NAME Harper-Madison, Natasha		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,695.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,589.34
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11
2 FILER NAME Harper-Madison, Natasha		3 Filer ID
4 Date 03/12/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert <hr/> 6 Contributor address; City; State; Zip Code 710 Vanguard Street Austin, TX 78734	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) IBC Bank
Date 01/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Cid <hr/> Contributor address; City; State; Zip Code 411 Brazos St Ste 99 Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Marcus <hr/> Contributor address; City; State; Zip Code 8810 N Lamar Blvd Austin, TX 78753	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) HMG & Associateas, Inc.
Date 01/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Paul <hr/> Contributor address; City; State; Zip Code 4602 Adelphi Lane Austin, TX 78727	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Trellis Co.
Date 01/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Margaret <hr/> Contributor address; City; State; Zip Code 4613 Camacho Street Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principle		Employer (See Instructions) Austin Strategic Planning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/11

2 FILER NAME

Harper-Madison, Natasha

3 Filer ID

4 Date

01/07/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ngin, Kalliane

6 Contributor address; City; State; Zip Code

4602 Adelphi Lane

Austin, TX 78727

7 Amount of Contribution (\$)

\$350.00

8 Principal occupation / Job title (See Instructions)

CFO

9 Employer (See Instructions)

CAS Consulting

Date

01/07/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Penn, Jesse

Contributor address; City; State; Zip Code

10924 Pilgrimage Dr

Austin, TX 78754

Amount of Contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

CAS Consulting

Date

02/06/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shands, Rob

Contributor address; City; State; Zip Code

1715 W 30th St

Austin, TX 78703

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Redleaf Properties

Date

01/07/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Soeur, Channy

Contributor address; City; State; Zip Code

7908 Cameron Road

Austin, TX 78754

Amount of Contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

CAS Consulting

Date

01/07/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Soeur, Laura

Contributor address; City; State; Zip Code

7908 Cameron Road

Austin, TX 78754

Amount of Contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

CAS Consulting

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 6/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID	
4 Date 01/08/2019		5 Payee name Anedot			
6 Amount (\$) \$0.30		7 Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/09/2019		Payee name Anedot			
Amount (\$) \$71.20		Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/25/2019		Payee name Anedot			
Amount (\$) \$4.30		Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 7/11		2 FILER NAME Harper-Madison, Natasha		3 Filer JD	
4 Date 02/08/2019		5 Payee name Anedot			
6 Amount (\$) \$10.30		7 Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 03/14/2019		Payee name Anedot			
Amount (\$) \$0.30		Payee address; City; State; Zip Code 4017 Buena Vista St. #109 Dallas, TX 75204			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/08/2019		Payee name Austin Chronicle			
Amount (\$) \$1,345.00		Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 8/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID	
4 Date 01/22/2019		5 Payee name BBVA Compass Bank			
6 Amount (\$) \$186.00		7 Payee address; City; State; Zip Code 2514 W Parmer Ln Austin, TX 78727			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 02/13/2019		Payee name BBVA Compass Bank			
Amount (\$) \$38.00		Payee address; City; State; Zip Code 2514 W Parmer Ln Austin, TX 78727			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/22/2019		Payee name Bradley, Skylar			
Amount (\$) \$115.00		Payee address; City; State; Zip Code 2903 E 12th Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 9/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID	
4 Date 01/08/2019		5 Payee name City of Austin			
6 Amount (\$) \$116.40		7 Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 02/12/2019		Payee name City of Austin			
Amount (\$) \$75.73		Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 03/12/2019		Payee name City of Austin			
Amount (\$) \$74.72		Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 10/11		2 FILER NAME Harper-Madison, Natasha		3 Filer ID	
4 Date 02/01/2019		5 Payee name Eureka Holdings			
6 Amount (\$) \$1,100.00		7 Payee address; City; State; Zip Code 6920 S Main Street Grapevine, TX 76051			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/02/2019		Payee name Facebook			
Amount (\$) \$247.86		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	
Date 01/09/2019		Payee name McKinney, Kaitlin			
Amount (\$) \$162.00		Payee address; City; State; Zip Code 2903 E 12th Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Harper-Madison, Natasha		Office sought Office held City Council Place AUSTIN	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 11/11	2 FILER NAME Harper-Madison, Natasha	3 Filer ID
4 Date 01/03/2019	5 Payee name Smartt, Jimmy	
6 Amount (\$) \$42.23	7 Payee address; City; State; Zip Code 2903 E 12th Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Harper-Madison, Natasha	Office sought Office held City Council Place AUSTIN