CORRECTION/AMENDMENT AFFIDAVIT

FORM COR-C/OH

TOR GANDIDATE/OFF	021102021							
1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3	OFFICE USE ONLY						
3 CANDIDATE / MS / MRS / MR OFFICEHOLDER NAME	Vatasha LAST SUFFIX Harper-Madison	Date Received						
4 ORIGINAL REPORT TYPE January 15 July 15 30th day before election 8th day before election	Runoff Other (specify) Exceeded \$500 limit 15th day after treasurer appointment (officeholder only) Final report	OCC RECEIVED AT JUL 12 '19 PM3:25 Date Hand-delivered or Date Postmarked Receipt # Amount \$						
5 ORIGINAL PERIOD Month Day COVERED	Year Month Day Year	Date Processed						
01/01/2	619 THROUGH 06/30/2019	Date Imaged						
Campaign Transurer information did not populate in the appropriate fields when the report was generated. The information has been added manually. 7 AFFIDAVIT								
7 AFFIDAVIT	I swear, or affirm, under penalty of perjury report is true and correct.	r, that this corrected						
	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	Marfash M. Signature of Candidate or	Officeholder						
Sworn to and subscribed before me, by the said $\sqrt{20}$ 19, to certify which, witness my hand and signature of officer administering oath	seal of office. Printed name of officer administering oath	day of July, 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

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID 2	Total pages	filed:
		11
3 CANDIDATE / MS / MRS / MR FIRST MI	OFFICE	USE ONLY
OFFICEHOLDER Natasha D	Date Received	
NICKNAME LAST SUFFIX Harper-Madison		CC RECEIVED A JL 12'19 PM3:2
OFFICEHOLDER MAILING 1609 E13th Street	Date Hand-delivered Receipt#	f or Date Postmarked Amount
Change of Address Austin TX 78702	Date Processed	
	Date Imaged	
5 CAMPAIGN MS/MRS/MR FIRST MI		
TREASURER NAME Mr. Marcus		
NICKNAME LAST SUFFIX		*
Hobbs		
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; AUS H	n 78	TATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE NUMBER EXTENSION 512 794-8234		,
8 REPORT TYPE January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit	appointment (d	campaign treasurer officeholder only) Attach C/OH-FR)
9 PERIOD Month Day Year Month Day COVERED 01/01/2019 THROUGH 06/30/2019	Year	
10 ELECTION DATE Month Day Year Primary General Special	Other	E
11 OFFICE OFFICE HELD (if any) City Council Place Austin District 1 Travis	f known)	
GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us		/ersion V1.1.0ef01a4a

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	tres made by political courthe candidate's or officer n only if they receive noti	nolder's kn	owledge or					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS						
	a ,							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	545.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	3,695.00			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNTOTALS			TEMIZED	\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	3,589.34			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	353.52			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00			
17 AFFADAVIT	•							
Co	JOHN WALKER tary Public, State of Tex mm. Expires 05-03-202 Notary ID 132001689	I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		Signature o	f Candidate or Officehold	er				
AFEIX NO	AFFIX NOTARY STAMP / SEAL ABOVE							
		Alakala than a mada	17		d			
of U	cribed before me, by the s , 20 <u></u> , to co	ertify which, witness my hand and seal of office.	, this the		day			
Signature of office	per administering	Printed name of officer administering	Title of officer	adm/hister	ing oath			
	1			'				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/11 2 FILER NAME Filer ID Harper-Madison, Natasha Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 01/07/2019 \$350.00 Ngin, Kaliane 6 Contributor address; City; State; Zip Code 4602 Adelphi Lane Austin, TX 78727 Principal occupation / Job title (See Instructions) Employer (See Instructions) **CAS** Consulting **CFO** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$350.00 01/07/2019 Penn, Jesse Contributor address; City; State; Zip Code 10924 Pilgrimage Dr Austin, TX 78754 Principal occupation / Job title (See Instructions) Employer (See Instructions) **CAS Consulting** Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/06/2019 \$250.00 Shands, Rob Contributor address; City; State; Zip Code 1715 W 30th St Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Redleaf Properties** Real Estate Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/07/2019 \$350.00 Soeur, Channy Contributor address; City; State; Zip Code 7908 Cameron Road Austin, TX 78754 Principal occupation / Job title (See Instructions) Employer (See Instructions) **CAS** Consulting CEO Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/07/2019 \$350.00 Soeur, Laura Contributor address; City; State; Zip Code 7908 Cameron Road Austin, TX 78754 Principal occupation / Job title (See Instructions) Employer (See Instructions) COO CAS Consulting

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment						e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed abo	ve)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 1/6 Rpt: 6/11		Harper-Mad	dison, Natasha							
4	Date	5	Payee name								
	01/08/2019		Anedot								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$0.30		4017 Buena	a Vista St.							
			#109								
			Dallas, TX	75204							
8	PURPOSE	(a)		ee Categories listed at th	a tan af this sales	alula)	(b)	Description			
Ĭ	OF	()	Accounting		ie top or this sche	edule)	(-,		outsid	le of Texas. Complete Schedule T.	
	EXPENDITURE		, 1000 a. 119	g		c		Check if Austin	, TX,	officeholder living expense	
								Merchant Fee	es		
9	Complete ONLY if direct expenditure to benefit C/OH	1		ceholder name	0	ffice sou	ight			Office held	STINI
	experientare to benefit or or	' '	Harper-Madi	son, Natasha						City Council Place AUS	STIN .
	Date		Payee name								
	01/09/2019		Anedot								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$71.20		4017 Buena	a Vista St.							-
			#109								
			Dallas, TX	75204							
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Accounting	/Banking				_		le of Texas. Complete Schedule T.	
								Merchant Fee		officeholder living expense	
								Merchantre			
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	<u>l</u> iaht			Office held	
	expenditure to benefit C/O	1		son, Natasha	_		9			City Council Place AUS	STIN
_	Date	_	Payee name								
	01/25/2019		Anedot								
_	Amount (\$)	_	Payee addre	ss; City;	State:	Zip Co	nde				
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	Ţ 1100		#109								
			Dallas, TX	75204							
_	DUDDOCE	(0)					(b)	Description			
	PURPOSE OF	(a)	Accounting	ee Categories listed at th	ne top of this sche	edule)	(0)	Description Check if travel of	outsid	le of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting	banking						officeholder living expense	
						2		Merchant Fee	es		
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	expenditure to benefit C/OF	1 F	Harper-Madi	son, Natasha						City Council Place AUS	STIN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction G			Vages	/Contract Labor	Travel Out OTHER (e	of District nter a category not	listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer JD			
	Sch: 2/6 Rpt: 7/11			ison, Natasha							V	
4	Date	5	Payee name									
	02/08/2019		Anedot	111								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$10.30	l	4017 Buena	ı Vista St.								
		l	#109									
			Dallas, TX 7	75204								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	nedule)	(b)	Description				_
	OF EXPENDITURE		Accounting/					Check if travel out	side of Texas	. Complete Schedu	ıle T.	
	EXPENDITURE	l		_				Check if Austin, T		r living expense		
	h!							Merchant Fees				
							L					_
9	Complete ONLY if direct expenditure to benefit C/O			ceholder name	(Office sou	ight			ce held	an ALICTIN	
	experialitare to benefit 6/6/	''' '	Harper-Madis	son, Natasha					City	Council Pla	ce AUSTIN	
	Date		Payee name									
	03/14/2019		Anedot									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$0.30		4017 Buena	ı Vista St.								
			#109									
			Dallas, TX 7	75204								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	L	Accounting/	Banking						. Complete Schedu	ıle T.	
		1						Check if Austin, TX Merchant Fees		r living expense		
								Wicherlant r ces				
\vdash	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	(Office sou	ıaht	,	Offi	ce held		-
	expenditure to benefit C/OI			son, Natasha					City	Council Pla	ce AUSTIN	
H	Date	Т	Payee name									=
	01/08/2019		Austin Chro	nicle								
Г	Amount (\$)	T	Payee addres	ss; City;	State	; Zip Co	ode			(15)	•	_
	\$1,345.00		4000 N IH 3	35								
	*		Austin, TX 7	78751							,	
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense						. Complete Schedu	ıle T.	
	3							Check if Austin, To Advertising	x, officeriolde	r living expense		
								, averaging				
\vdash	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name	(Office sou	l ught		Offi	ce held		-
	expenditure to benefit C/OI			son, Natasha	·		3			/ Council Pla	ce AUSTIN	
\vdash												-
ı												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	nent/Reimbursement ead/Rental Expense sea Transportation Equipment & Related Expense Travel in District travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
_	Sch: 3/6 Rpt: 8/11	Harper-Madison, Natasha	
_			
4	Date	5 Payee name	•
	01/22/2019	BBVA Compass Bank	
6	Amount (\$) \$186.00	7 Payee address; City; State; Zip Code 2514 W Parmer Ln Austin, TX 78727	
8	PURPOSE	(a) Catagory	D) Description
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Harper-Madison, Natasha	office held City Council Place AUSTIN
	Date	Payee name	
	02/13/2019	BBVA Compass Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.00	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	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OI	Harper-Madison, Natasha	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	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Harper-Madison, Natasha	office held City Council Place AUSTIN
			T.

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide (nse Printin Salarie		e /Contract Labor	Т	ravel in District ravel Out of District THER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAI	ME				3 F	iler ID	
	Sch: 4/6 Rpt: 9/11	Harper-M	adison, Natasha						
4	Date	5 Payee nan	ne					,	
	01/08/2019	City of Au	ıstin						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code				
	\$116.40	PO Box 2	267						
		Austin, T	X 78783						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ov	erhead/Rental Expens	se				of Texas. Complete Schedule T. ficeholder living expense	
	Printing No. September (1997) - September (1997)					Office Overhe		incertolider living expense	
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office s	ought			Office held	
	expenditure to benefit C/O	Harper-Ma	dison, Natasha		_			City Council Place AUSTIN	
_	Date	Payee nan	ne						
	02/12/2019	City of Au							
Т	Amount (\$)	Payee add	lress; City;	State; Zip	Code				
	\$75.73	PO Box 2	267						
		Austin, T	x 78783						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expens			므		of Texas. Complete Schedule T.	
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	expenditure to benefit C/O	Harper-Ma	dison, Natasha					City Council Place AUSTIN	
H	Date	Payee nan	ne						
	03/12/2019	City of Au							
H	Amount (\$)	Payee add	lress; City;	State; Zip	Code				
	\$74.72	PO Box 2	267						
		Austin, T	X 78783						
Г	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ov	erhead/Rental Expens	se				of Texas. Complete Schedule T.	
						Office Overhe		ficeholder living expense	
	*					J50 2 70711			
\vdash	Complete ONLY if direct	Candidate/0	Officeholder name	Office s	ought			Office held	
	expenditure to benefit C/O	1	dison, Natasha		3			City Council Place AUSTIN	
\vdash									

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

	CONTRIBUTIO	13						
_			EXPENDITURE C	ATEGORIES FO	R BC	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Loan Rep Office Ov Polling Ex ense Printing E	ayme erhead pense xpens	nt/Reimbursement d/Rental Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	ordan oura r tymon		The Instruction Guide	explains how to co	mple	ete this form.	_	
1	Total pages Schedule F1:						3	Filer ID
	Sch: 5/6 Rpt: 10/11	Harper-Ma	dison, Natasha					
4	Date 02/01/2019	5 Payee name Eureka Ho						
6	Amount (\$) \$1,100.00	7 Payee addr 6920 S Ma	in Street	State; Zip Co	ode	9		
		Grapevine	, TX 76051					
8	PURPOSE OF EXPENDITURE		See Categories listed at the to rhead/Rental Expen		(b)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	1	ficeholder name lison, Natasha	Office sou	ight			Office held City Council Place AUSTIN
_	Date	Dayso nam					_	
	01/02/2019	Payee name Facebook	•					
_			occ: City:	State: 7in Co	odo			· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$247.86	Payee addr 1 Hacker \		State; Zip Co	oue			
		Menlo Par	k, CA 94025					
	PURPOSE OF EXPENDITURE	(a) Category (Advertisin	See Categories listed at the to g Expense	p of this schedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office held
	expenditure to benefit C/O	Harper-Mac	lison, Natasha					City Council Place AUSTIN
	Date	Payee name	e					
	01/09/2019	McKinney,	Kaitlin					
	Amount (\$) \$162.00	Payee addr 2903 E 12		State; Zip Co	ode			
		Austin, TX	78702					
	PURPOSE OF EXPENDITURE	0.000 Aug. 10 10 10	See Categories listed at the to I/Fundraising Expen:		(b)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name lison, Natasha	Office sou	ight			Office held City Council Place AUSTIN
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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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.		
1	Total pages Schedule F1: Sch: 6/6 Rpt: 11/11	FILER NAME Harper-Madison, Natasha	3 Filer ID		
4	Date 01/03/2019	Payee name Smartt, Jimmy			
6	Amount (\$) \$42.23	Payee address; City; State; Zip Code 2903 E 12th Street Austin, TX 78702			
8	PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office sought Office sought	t Office held City Council Place AUSTIN		