

(Previously Independent Expenditures not by a Candidate)

OCC RECEIVED AT SEP 26'19 PM4:05

1	Committee or Organization Name*		
INDIVIDUAL	PACE PAC		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
2	Address/ PO Box* Apartment or	Suite Number	
INDIVIDUAL OR	3110 Manor Rd Ste H		
ORGANIZATION	City* State*	Zip Code*	
ADDRESS	Austin	78723	
3			
COMMITTEE TREASURER	Title First Name	Middle Initial	
NAME	James		
(if applicable)	Last Name Suffix		
	Russell		
4	Address/ PO Box Apartment or	Suite Number	
COMMITTEE TREASURER			
ADDRESS	City State	Zip Code	
(if applicable)			
5			
S REPORT DATE	Date Filed (yyyymmdd)*		
	20190926		

* Indicates a required field

ALE ANDRO MEDINA Alexanter O vietol4



(Previously Independent Expenditures not by a Candidate)

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: 9/26/19

AFFIANT'S SIGNATURE

Sahrina Sha

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

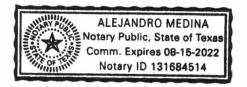
Sabring Sha

On the ______ day of ______ September, 2019 , to certify which witness my hand and official seal.

Alejandro Medina

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable st		
Payee is an individual	Austin Chronicle		
2	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	4000 N IH 35		
ADDRESS	Payee City*	Payee State [*] Payee Zip Code [*]	
	Austin	TX 78751	
3	Category*	(\$) Expenditure Amount [*]	
EXPENDITURE	Advertising Expense	\$1,545.00	
DETAILS	Description (If Category is "Other")	Expenditure Date [*]	
		20190924	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition A, Opposed			
		а. С	



(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1				
	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*		
	Payee is an individual	Y-Strategy		
2		Payee Address/ PO Box*	Payee Apartment or Suite Number	
	PAYEE	3110 Manor Rd	Ste H	
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Austin	ТХ	78723
3		Category*	(\$) Expenditure Amount*	
	EXPENDITURE	Other (use Description field)	\$3,400.00	
	DETAILS	Description (If Category is "Other")	Expenditure Date [*]	
		Website creation, photography, and graphic design	20190925	

Candidate Last Name or Ballot Measure Supported/Opposed [*]	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
roposition A, Opposed			
	κ.		
			3



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	SXSW,LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	PO Box 685289		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78768
EMPLOYER	Contributor Employer*	Contributor Occupation*	
	n/a	n/a	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20190903	\$30,000.00	

Add Another Contribution Page