



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT
OCT 1 '19 PM3:14

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* PHAM PAC
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO BOX 152637 City* AUSTIN Apartment or Suite Number State* TX Zip Code* 78715
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name CODY Middle Initial Last Name COWAN Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 1201 BROADMOOR DRIVE City AUSTIN Apartment or Suite Number 120 State TX Zip Code 78723
5 REPORT DATE	Date Filed (yyyymmdd)* 20191001

* Indicates a required field



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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: 10-1-2019

Cody R Cowan

AFFIANT'S SIGNATURE

CODY R COWAN

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Cody R Cowan

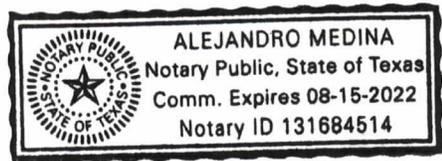
On the 1 day of October, 2019, to certify which witness my hand and official seal.

A. Medina

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





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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 <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="SXSW, LLC"/>				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1400 Lavaca Street"/>	Contributor Apartment or Suite Number <input type="text" value="100"/>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78701"/>
	Contributor Employer* <input type="text" value="n/a"/>	Contributor Occupation* <input type="text" value="n/a"/>			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20190827"/>	(\$) Contribution Amount* <input type="text" value="\$30,000.00"/>			



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
		<input type="text"/>	<input type="text" value="Eugene"/>	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		<input type="text" value="Sepulveda"/>		<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		<input type="text" value="3114 Wheeler"/>		<input type="text"/>
		Contributor City*	Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78705"/>
		Contributor Employer*	Contributor Occupation*	
		<input type="text" value="Entrepreneurs Foundation"/>	<input type="text" value="CEO"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		<input type="text" value="20190925"/>		<input type="text" value="\$515.00"/>



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
		<input type="text"/>	<input type="text" value="Joshua"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Jones-Dilworth"/>		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="4229 Camacho Street"/>		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78723"/>
		Contributor Employer*		Contributor Occupation*	
		<input type="text" value="Jones-Dilworth, Inc."/>		<input type="text" value="CEO"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*			(\$) Contribution Amount*
		<input type="text" value="20190925"/>			<input type="text" value="\$1,030.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table border="1"> <tr> <td>Contributor Title</td> <td>Contributor First Name*</td> </tr> <tr> <td></td> <td>Rudy</td> </tr> <tr> <td>Organization Name or Contributor Last Name, as applicable*</td> <td>Contributor Suffix</td> </tr> <tr> <td>Garza</td> <td></td> </tr> </table>	Contributor Title	Contributor First Name*		Rudy	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Garza											
Contributor Title	Contributor First Name*																		
	Rudy																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Garza																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td>22516 Crazy Cove</td> <td colspan="2"></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td>Spicewood</td> <td>TX</td> <td>78669</td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td>Garza EMC</td> <td colspan="2">CEO</td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		22516 Crazy Cove			Contributor City*	Contributor State*	Contributor Zip Code*	Spicewood	TX	78669	Contributor Employer*	Contributor Occupation*		Garza EMC	CEO	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
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Contributor Employer*	Contributor Occupation*																		
Garza EMC	CEO																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td>20190930</td> <td>\$1,000.00</td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20190930	\$1,000.00														
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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
		<input type="text"/>	Melba	<input type="text"/>	<input type="text"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		Whatley		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		2909 West 35th Street		<input type="text"/>	
		Contributor City*		Contributor State* Contributor Zip Code*	
		Austin		TX 78703	
		Contributor Employer*		Contributor Occupation*	
		Self		Investor	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		20190930		\$1,030.00	



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
		<input type="text"/>	Brett	<input type="text"/>	<input type="text"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		Hurt		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		9102 Atwater Cove		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		Austin		TX	78733
		Contributor Employer*		Contributor Occupation*	
		data.world		CEO	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*			(%) Contribution Amount*
		20190930			\$5,150.00



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2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1" style="width: 100%;"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="400 West Cesar Chavez Street"/></td> <td colspan="2"><input type="text" value="Suite 500"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78701"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="n/a"/></td> <td colspan="2"><input type="text" value="n/a"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="400 West Cesar Chavez Street"/>	<input type="text" value="Suite 500"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="400 West Cesar Chavez Street"/>	<input type="text" value="Suite 500"/>																		
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<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>																	
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[Add Another Contribution Page](#)