



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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<p><b>1</b></p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Austin United</p>
<p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>	<p>Address/ PO Box*      Apartment or Suite Number</p> <p>3110 Manor Rd      Ste H</p> <p>City*      State*      Zip Code*</p> <p>Austin      TX      78723</p>
<p><b>3</b></p> <p><b>COMMITTEE TREASURER NAME (if applicable)</b></p>	<p>Title      First Name      Middle Initial</p> <p>      Derek      </p> <p>Last Name      Suffix</p> <p>Ensign      </p>
<p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS (if applicable)</b></p>	<p>Address/ PO Box      Apartment or Suite Number</p> <p>4710 Santa Anna St      </p> <p>City      State      Zip Code</p> <p>Austin      TX      78721</p>
<p><b>5</b></p> <p><b>REPORT DATE</b></p>	<p>Date Filed (yyyymmdd)*</p> <p>20191028</p>

\* 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: 10/28/19

[Handwritten Signature]

AFFIANT'S SIGNATURE

Sabrina Sha

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Sabrina Sha

On the 28 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.

<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual	<input type="text"/>	<input type="text" value="Austin TeamCo LLC"/>	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		<input type="text"/>	<input type="text"/>	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		<input type="text" value="1835-A Kramer Ln"/>		<input type="text" value="Ste 600"/>
		Contributor City*	Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78758"/>
		Contributor Employer*	Contributor Occupation*	
		<input type="text"/>	<input type="text"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		<input type="text" value="20191025"/>		<input type="text" value="\$50,000.00"/>

[Add Another Contribution Page](#)