Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

1 INDIVIDUAL OR ORGANIZATION NAME ☐ Filer is an individual	Committee or Organization Name* PHAM PAC OCC RECEIVED AT OCT 30 '19 PM2:50		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* Po Box 152637		Apartment or Suite Number
	City* Austin	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	Apartment or Suite Number 120	
	City Austin	State TX	Zip Code 78723
5 REPORT DATE	Date Filed (yyyymmdd)* 20191030		

* 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: 10/30/19

_____
AFFIANT'S SIGNATURE

JAMES WICK
_____
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

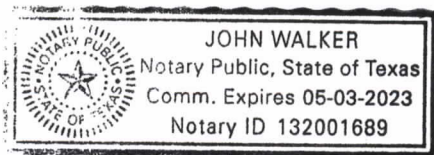This instrument was acknowledged, sworn to and subscribed before me by

James Wick
_____

On the ___30___ day of __October__ , __2019__ , to certify which witness my hand and official seal.

_____
Notary Public in and for the State of Texas

John Walker
_____
Typed or Printed Name of Notary

JOHN WALKER
Notary Public, State of Texas
Comm. Expires 05-03-2023
Notary ID 132001689

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

1

PAYEE

NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Austin Chronicle

2

PAYEE

ADDRESS

Payee Address/ PO Box*

4000 North IH-35

Payee Apartment or Suite Number

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78751

3

EXPENDITURE

DETAILS

Category*

Advertising Expense

($) Expenditure Amount*

$1,545.00

Description (If Category is "Other")

Ad

Expenditure Date*

20191029

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Oppose Prop B			

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Expenditure

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

1 — PAYEE NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Y Strategy

2 — PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
3110 Manor Road	H

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78723

3 — EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Printing Expense	$21,567.84

Description (If Category is "Other")	Expenditure Date*
Design, Printing, and Postage	20191030

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, **as applicable**

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Oppose Prop B			

Add Another Expenditure Page

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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	
☐ Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Omni Downtown Austin

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box* 700 San Jacinto	Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX Contributor Zip Code* 78701
	Contributor Employer* n/a	Contributor Occupation* n/a

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)* 20191029	($) Contribution Amount* $5,000.00

Add Another Contribution Page