FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00090573 3 COMMITTEE NAME **OFFICE USE ONLY** Austin DSA in Action Date Received **ELECTRONICALLY FILED** 10/04/2021 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3001 e 18th 1/2 st Date Hand-delivered or Date Postmarked Change of Address austin, TX 78702 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael NAME NICKNAME LAST **SUFFIX** Nachbar STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3001 e 18th 1/2 st STREET **ADDRESS** (Residence or Business) austin, TX 78702 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (302) 545-9252 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 03/23/2021 06/30/2021 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/02/2021 General χ Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Austin DSA in Action				0009057	73
A CTIVITY	Candidates	A. Supported	I		
T (luc	entify by name or, if blicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures	A. Supported	I		
	escribe by date and location election and nature of issue.)				
		B. Opposed	Ballot ID:Prop A Election Date: Standards	2021-11-02	2 Desc:Police Staffing
3.	Officeholders				
(Ide app	Assisted entify by name or, if plicable, classify by party.)				
5 CONTRIBUTION 1. TOTALS	PLEDGES, LOANS,	OR GUARAN	CONTRIBUTIONS (OTHER THAN ITEES OF LOANS)	\$	0.00
2.	TOTAL POLITICA	L CONTRIB	BUTIONS	\$	5,451.62
	•	·	IS, OR GUARANTEES OF LOANS)		·
EXPENDITURE 3. TOTALS	TOTAL POLITICAL E	EXPENDITUR	RES OF \$100 OR LESS, UNLESS ITEN	MIZED \$	0.00
4.	TOTAL POLITICA	L EXPENDI	TURES	\$	6,640.28
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL OF THE REPORTING		ONS MAINTAINED AS OF THE LAST	DAY \$	311.13
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL A LAST DAY OF THE R		ALL OUTSTANDING LOANS AS OF T PERIOD	THE \$	0.00
L6 AFFIDAVIT				<u> </u>	
			I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
			Michael	Nachbar	
			Signature of Car	mpaign Trea	asurer
AFFIX NOTARY ST.	AMP / SEAL ABOVE				
Sworn to and subscribed bef	ore me, by the said		, th	nis the	day
of, 20					
Signature of officer admin	istering oath	Printed name	e of officer administering oath	Title of o	fficer administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

COMMITTEE NAME Austin DSA in Action COMMITTEE ACTIVITY Attach lists on plain paper to complete this 13 Filer ID (Ethics Commission Filers) 00090573 A. Supported B. Opposed	COMMITTEE NAME Austin DSA in Action COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Oppos	PURPOSE					ADDENDUM
Austin DSA in Action COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness	Austin DSA in Action COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed						Page 3 of 9
ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Oppo	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Op	COMMITTEE NAME					
ACTIVITY Attach lists on plain paper to complete this peport if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. O	Attach lists on plain paper to complete this eport if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B					00090573	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted	COMMITTEE ACTIVITY					
(Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted	(Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted	(Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop B Election Date:2021-05-01 Desc:Recriminalize Homelessness 3. Officeholders Assisted		2. Measures	A. Supported			
Homelessness 3. Officeholders Assisted	Homelessness 3. Officeholders Assisted		(Describe by date and location of election and				
Assisted	Assisted			B. Opposed	Ballot ID:Prop B Election I Homelessness	Date:2021-05-01 Des	sc:Recriminalize
(dentity by name or, if applicable, classify by party.)	(dentify by name or, if applicable, classify by party.)		3. Officeholders Assisted				
Tathemanners, constants by Joseph Say 19			(Identify by name or, if				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 4 of 9

				4 of 9
L7 COMMIT	TEE NAME	18 Filer ID	(Ethics Commi	ssion Filers)
Austin D	SA in Action	00090573		
	LE SUBTOTALS = SCHEDULE		SUBTOTA	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,451.62
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION	LABOR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COR LABOR ORGANIZATION	PORATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	CORGANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LOORGANIZATION	ABOR	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	ITIONS	\$	6,640.28
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	IBUTIONS	\$	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	IBUTIONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/2 Rpt: 5/9			
2	FILER NAME Austin DSA	in Action		3	Filer ID (Ethics Commission 00090573	on Filers)		
4	Date 03/28/2021	te 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$3,542.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date Full name of contributor out-of-state PAC (ID#:) O3/31/2021 ActBlue Texas Contributor address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144				Amount of Contribution (\$)	\$660.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 04/11/2021	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas Contributor address; City; State; Zip Code P.O. Box 441146)		Amount of Contribution (\$)	\$50.00		
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/09/2021	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144			Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/13/2021	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas Contributor address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144)		Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/9	
2	FILER NAME Austin DSA			3 Filer ID (Ethics Commission Filers) 00090573
4	Date 04/02/2021 5 Full name of contributor out-of-state PAC (ID#:) Savoie, Seneca 6 Contributor address; City; State; Zip Code 9620 Covey Ridge Lane			7 Amount of Contribution (\$) \$1,099.62
_	Data da al acces	Austin, TX 78758	0	
8	Community	upation / Job title (See Instructions)	9 Employer (See Instructions Texas Appleseed	S)

PLE	OGED CONTRIBU	TIONS			SCHEDULE B
The Instruction Guide explains how to complete this form. 2 FILER NAME Austin DSA in Action					Total pages Schedule B: Sch: 1/1 Rpt: 7/9
					Filer ID (Ethics Commission Filers) 00090573
<u></u>	OF UNITEMIZED PLEDG	BES .			\$ 0.0
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID#		_) 8	Amount of pledge (\$)
				[Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)

	LOANS					SCHEDU	LE E
	The Instruction	on Guide explains how to	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 8/9			
2	FILER NAME Austin DSA in A	ction			3 Filer ID 00090	Ethics Commission	Filers)
4	TOTAL OF UN	NITEMIZED LOANS			I	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instru	ctions)		
14	Description of Col	lateral		15 Check if personal fund	ds were deposite	ed into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupati	on		21 Employer (See Instru	ctions)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 9/9	Austin DSA in Action 00090573
4 Date	5 Payee name
04/12/2021	
04/12/2021	Working Families Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,400.00	77 Sands St. #6
— Formanditura from	
Expenditure from corporate funds	Brooklyn, NY 11201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Phonebanking software.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Davies warms
	Payee name
04/06/2021	Worley Printing
Amount (\$)	Payee address; City; State; Zip Code
\$1,852.50	3217 N Interstate 35
Expenditure from corporate funds	Austin, TX 78752
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Yard signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
04/08/2021	Worley Printing
Amount (\$)	Payee address; City; State; Zip Code
\$387.78	3217 N Interstate 35
Expenditure from corporate funds	Austin, TX 78752
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Yard signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	