Report of Dir	rect Campaign Expenditures:ATX.1 ET		
1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #	
NAME	LAST; SUFFIX Texas Freedom Network	ACCOUNT # 00090569	
		OFFICE	USE ONLY
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1624 Austin, TX 78767	Date Received ELECTRONIC. 10/18/2021 Receipt #	ALLY FILED
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION		Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged	
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		

Expenditure				FORM ATX1EXPEND
FILER NAME Texas Freedom Network	rk	2 FILER ID 00090569		3 Total pages Schedule ATX1EXPEND: Sch: 1/5 Rpt: 2/7
4 PAYEE NAME	LAST FIRST MI TriNet HR III, Inc	I		
5 PAYEE ADDRESS	Payee address; 1 Park Place Suite 600 Dublin, CA 94568	apartment/suit#; City;	State; Zip	Code
6 EXPENDITURE DETAILS	(a) Category Salaries/Wage	es/Contract Labor	(b) Description	
	(c) Date 10/17/2021		(d) Amount (\$) \$3,472.75	
7 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su	eholder name uffix; FirstName; Title	X (CHEC	ure supported/opposed K IF BALLOT MEASURE) sition A
	(c) Office sought		(d) Office held	
	•			

Expenditure				FORM ATX1EXPEND
FILER NAME Texas Freedom Networ		P. FILER ID 00090569		3 Total pages Schedule ATX1EXPEND: Sch: 2/5 Rpt: 3/7
4 PAYEE NAME	LAST FIRST MI Texas Freedom Net	twork		
5 PAYEE ADDRESS	Payee address; apa PO Box 1624	artment/suit#; City;	State; Zip	Code
6 EXPENDITURE DETAILS	Austin, TX 78767 (a) Category Salaries/Wages/0	Contract Labor	(b) Description	
	(c) Date 10/17/2021		(d) Amount (\$) \$2,500.00	
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Officeho LastName; Suffix		X (CHEC	ure supported/opposed K IF BALLOT MEASURE) sition A
	(c) Office sought		(d) Office held	

Expenditure		FORM ATX1EXPEND
1 FILER NAME	2 FILER ID	3 Total pages Schedule ATX1EXPEND:
Texas Freedom Network	00090569	Sch: 3/5 Rpt: 4/7
4 PAYEE NAME LAST FIF The Mov	ST MI ement Cooperative	
5 PAYEE ADDRESS Payee ad		State; Zip Code
PO BOX GREELE	20063 Y SQUARE STATION 4 EAST 27TH	I STREET
New You	k, NY 10001	
6 EXPENDITURE (a) Category DETAILS Other	ry	(b) Description
Other		Virtual Phone Bank platform fee
(c) Date		(d) Amount (\$)
10/17	2021	\$500.00
candidate or ballot	late/Officeholder name	(b) Ballot measure supported/opposed
measure LastNa suported/opposed	ne; Suffix; FirstName; Title	χ (CHECK IF BALLOT MEASURE)
		Proposition A
		ODDOGE
		OPPOSE
(c) Office	sought	(d) Office held

Expenditure		FORM ATX1EXPEND
FILER NAME Texas Freedom Networ	2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 4/5 Rpt: 5/7
4 PAYEE NAME	LAST FIRST MI The Movement Cooperative	•
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH New York, NY 10001	State; Zip Code
6 EXPENDITURE DETAILS	(a) Category Other	(b) Description Texting fees
	(c) Date 10/15/2021	(d) Amount (\$) \$102.75
7 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE
	(c) Office sought	(d) Office held

Expenditure				FORM ATX1EXPEND
FILER NAME Texas Freedom Network	·k	2 FILER ID 00090569		3 Total pages Schedule ATX1EXPEND: Sch: 5/5 Rpt: 6/7
4 PAYEE NAME	LAST FIRST MI The Movement C	ooperative		
5 PAYEE ADDRESS	PO BOX 20063	apartment/suit#; City; ARE STATION 4 EAST 27TH S	State; Zip TREET	Code
6 EXPENDITURE DETAILS	(a) Category Other		(b) Description Texting fee	
	(c) Date 10/17/2021		(d) Amount (\$) \$358.95	
7 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su	eholder name ıffix; FirstName; Title	X (CHEC	ure supported/opposed K IF BALLOT MEASURE) sition A DSE
	(c) Office sought		(d) Office held	

Report of Direct Campaign Expenditures: ATX.1

AFFIDAVIT

r	ATTIDAVIT
This information serves as the electronic signature of the person	legally responsible for filing this report.
	I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.
	Texas Freedom Network
	Signature of Filer