



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 SEP 23 PM 4 19

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Workers Defense in Action PAC</div>		
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>PO Box 140402</div> <b>City*</b> <div>Austin</div>		<b>Apartment or Suite Number</b> <div></div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78714</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div>Mr</div> <b>First Name</b> <div>Louis</div> <b>Middle Initial</b> <div></div> <b>Last Name</b> <div>Malfaro</div> <b>Suffix</b> <div></div>		
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>PO Box 140402</div> <b>City</b> <div>Austin</div>		<b>Apartment or Suite Number</b> <div></div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78714</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20160923</div>		

\* 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: 9/23/10

Emily R. Timm

AFFIANT'S SIGNATURE

Emily R Timm

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

EMILY R. TIMM

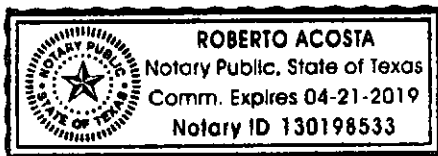
On the 23<sup>RD</sup> day of SEPTEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Payee First Name* Jacob  Organization Name or Payee Last Name, as applicable* Aronowitz  Payee Suffix 
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 6403b Chimney Creek Circle  Payee City* Austin  Payee Apartment or Suite Number  Payee State* TX  Payee Zip Code* 78722
3	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor  (\$) Expenditure Amount* \$1,694.12  Description (If Category is "Other")  Expenditure Date* 20160921

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)
Garza	Delia	City Council District 2	City Council District 2
Casar	Gregorio	City Council District 4	City Council District 4



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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Payee First Name* Sofia  Organization Name or Payee Last Name, as applicable* Alarcon  Payee Suffix 
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 317 Strafford  Payee City* Laredo  Payee Apartment or Suite Number  Payee State* TX  Payee Zip Code* 78041
3	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor  (\$) Expenditure Amount* \$279.13  Description (If Category is "Other")  Expenditure Date* 20160921

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)
Garza	Delia	City Council D2	City Council D2
Casar	Greg	City Council D2	City Council D2



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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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<b>1</b>	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Sunil	Payee First Name*  Sunil	Organization Name or Payee Last Name, as applicable*  Joseph	Payee Suffix  	
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box*  205 W. 55th Street	Payee Apartment or Suite Number  	Payee City*  Austin	Payee State*  TX	Payee Zip Code*  78751
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category*  Salaries/Wages/Contract labor	(\$) \$279.13	Expenditure Date*  		

### 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)
Garza	Delia	City Council D2	City Council D2
Casar	Gregorio	City Council D4	City Council D4



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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Payee First Name* Emmanuel  Organization Name or Payee Last Name, as applicable* Onyera  Payee Suffix 
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 2021 Guadalupe St  Payee City* Austin  Payee Apartment or Suite Number  Payee State* TX  Payee Zip Code* 78704
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor  (\$) Expenditure Amount* \$285.90  Description (If Category is "Other")  Expenditure Date*

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)
Garza	Delia	City Council D2	City Council D2
Casar	Gregorio	City Council D4	City Council D4



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

<b>1</b>  <div> <div>PAYEE NAME</div> <div> <input checked="" type="checkbox"/> Payee is an individual </div> </div>	<div> <div> <div>Payee Title</div> <div></div> </div> <div> <div>Payee First Name*</div> <div>Nick</div> </div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Lassus</div> </div> <div> <div>Payee Suffix</div> <div></div> </div>
<b>2</b>  <div> <div>PAYEE ADDRESS</div> </div>	<div> <div> <div>Payee Address/ PO Box*</div> <div>6043B Chimney Creek Circle</div> </div> <div> <div>Payee Apartment or Suite Number</div> <div></div> </div> </div> <div> <div> <div>Payee City*</div> <div>Austin</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>78723</div> </div> </div>
<b>3</b>  <div> <div>EXPENDITURE DETAILS</div> </div>	<div> <div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>(\$) Expenditure Amount*</div> <div>\$78.72</div> </div> </div> <div> <div> <div>Description (If Category is "Other")</div> <div></div> </div> <div> <div>Expenditure Date*</div> <div>20160921</div> </div> </div>

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

[illegible]





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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Amazon.com		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box * 410 Terry Ave	Payee Apartment or Suite Number	
		Payee City * Seattle	Payee State * WA	Payee Zip Code * 98109
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category * Other (use Description field)	(\$ ) Expenditure Amount * \$975.10	
		Description (If Category is "Other") Field Canvass Materials	Expenditure Date * 20160914	

### 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)
Garza	Delia	District 2	District 2
Casar	Greg	District 4	District 4
Pool	Leslie	District 7	District 7
Alter	Alison	District 10	District 10
Flannigan	Jimmy	District 6	District 6



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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* HEB Grocery Store		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 	Payee Apartment or Suite Number 	
		Payee City* 	Payee State* 	Payee Zip Code* 
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$130.71	
		Description (If Category is "Other") 	Expenditure Date* 20160914	

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)
Garza	Delia	District 2	District 2
Casar	Gregorio	District 4	District 4

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.

<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text"/>	Organization Name or Contributor Last Name, as applicable* <input type="text"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text"/>		Contributor Apartment or Suite Number <input type="text"/>	
		Contributor City* <input type="text"/>		Contributor State* <input type="text"/>	Contributor Zip Code* <input type="text"/>
		Contributor Employer* <input type="text"/>		Contributor Occupation* <input type="text"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text"/>		(\$) Contribution Amount* <input type="text"/>	

Add Another Contribution Page