



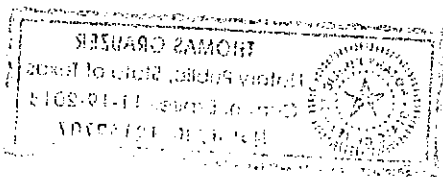
Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Texas Vote Environment PAC</div>												
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td>Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>600 W. 28th Street</td><td colspan="2">202</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78705</td></tr></table>	Address/ PO Box*	Apartment or Suite Number		600 W. 28th Street	202		City*	State*	Zip Code*	Austin	TX	78705
Address/ PO Box*	Apartment or Suite Number												
600 W. 28th Street	202												
City*	State*	Zip Code*											
Austin	TX	78705											
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td></td><td>David</td><td></td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td>Foster</td><td colspan="2"></td></tr></table>	Title	First Name	Middle Initial		David		Last Name	Suffix		Foster		
Title	First Name	Middle Initial											
	David												
Last Name	Suffix												
Foster													
4 COMMITTEE TREASURER ADDRESS (if applicable)	<table><tr><td>Address/ PO Box</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>1902 Forestglade Drive</td><td colspan="2"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td>78745</td></tr></table>	Address/ PO Box	Apartment or Suite Number		1902 Forestglade Drive			City	State	Zip Code	Austin	TX	78745
Address/ PO Box	Apartment or Suite Number												
1902 Forestglade Drive													
City	State	Zip Code											
Austin	TX	78745											
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20160927</div>												

* Indicates a required field





Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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: 9-27-16

[Signature]

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

David Foster

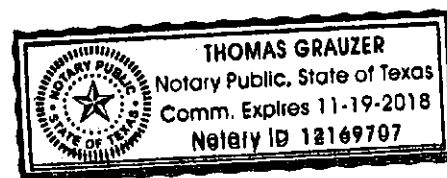
On the 27th day of September, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Thomas A. Grauer

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	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 North IH 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$559.65	
		Description (If Category is "Other")	Expenditure Date* 20160923	

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)
Pool	Leslie	District 7, City Council	Dist 7, City Council
Flannigan	Jimmy	District 6, City Council	NA



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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 <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" value="Austinites For Equity"/>		Contributor Suffix <input type="text"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1812 Centre Creek Drive"/>		Contributor Apartment or Suite Number <input type="text" value="310"/>	
	Contributor City* <input type="text" value="Austin"/>		Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78754-5129"/>
	Contributor Employer* <input type="text"/>		Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160922"/>		(\$) Contribution Amount* <input type="text" value="\$20,160,922.00"/> \$20,160,922.00 \$1500.00	

Add Another Contribution Page

AUSTIN CITY CLERK
RECEIVED
2016 SEP 27 PM 1 42