



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

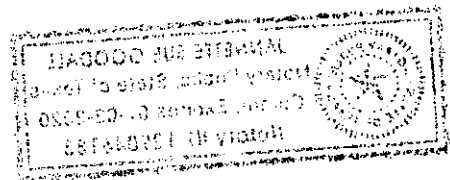
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AUSTIN CITY CLERK
RECEIVED

2016 OCT 7 PM 4 01

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Workers Defense in Action PAC</div>												
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td>Apartment or Suite Number</td></tr><tr><td colspan="2"><div>PO Box 140402</div></td><td></td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td><div>78714</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number	<div>PO Box 140402</div>			City*	State*	Zip Code*	<div>Austin</div>	<div>TX</div>	<div>78714</div>
Address/ PO Box*		Apartment or Suite Number											
<div>PO Box 140402</div>													
City*	State*	Zip Code*											
<div>Austin</div>	<div>TX</div>	<div>78714</div>											
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div>Mr</div></td><td><div>Louis</div></td><td></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Malfaro</div></td><td></td></tr></table>	Title	First Name	Middle Initial	<div>Mr</div>	<div>Louis</div>		Last Name		Suffix	<div>Malfaro</div>		
Title	First Name	Middle Initial											
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<div>Austin</div>	<div>TX</div>	<div>78714</div>											
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161007</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: 10/07/2010

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

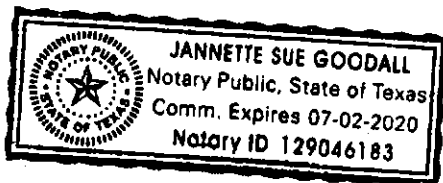
On the 7th day of October, 2010, to certify which witness my hand and official seal.

Jannette Sue Goodall

Notary Public in and for the State of Texas

Jannette Sue Goodall

Typed or Printed Name of Notary





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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 <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	PAYEE ADDRESS	Payee Address/ PO Box* 6403b Chimney Creek Circle Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$1,240.54 Description (If Category is "Other") Expenditure Date* 20161005

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
Pool	Leslie	City Council District 7	City Council District 7



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Sofia"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Alarcon"/>	Payee Suffix <input type="text"/>
2	PAYEE ADDRESS	Payee Address/ PO Box* <input type="text" value="317 Strafford"/>		Payee Apartment or Suite Number <input type="text"/>	
		Payee City* <input type="text" value="Laredo"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78041"/>
3	EXPENDITURE DETAILS	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$) Expenditure Amount* <input type="text" value="\$724.97"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="20161005"/>	

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
Pool	Leslie	City Council D7	City Council D7



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Sunil Organization Name or Payee Last Name, as applicable* Joseph Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 205 W. 55th Street Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78751
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$796.90 Description (If Category is "Other") Expenditure Date* 20161005

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
Pool	Leslie	City Council D7	City Council D7

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> <div>Payee Title</div> <div></div> </div> <div> <div>Payee First Name*</div> <div>Daniel</div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Andrade</div> </div> <div> <div>Payee Suffix</div> <div></div> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> <div>Payee Address/ PO Box*</div> <div>780 Cedar Parkway</div> </div> <div> <div>Payee Apartment or Suite Number</div> <div></div> </div> <div> <div>Payee City*</div> <div>Seguin</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>78155</div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>(\$) Expenditure Amount*</div> <div>\$608.69</div> </div> <div> <div>Description (If Category is "Other")</div> <div></div> </div> <div> <div>Expenditure Date*</div> <div>20161005</div> </div>

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

[illegible]

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> Payee Title <input type="text"/> </div> <div> Payee First Name* <input type="text" value="Emmanuel"/> </div> <div> Organization Name or Payee Last Name, as applicable* <input type="text" value="Onyera"/> </div>	<div> Payee Suffix <input type="text"/> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> Payee Address/ PO Box* <input type="text" value="2021 Guadalupe St"/> </div> <div> Payee City* <input type="text" value="Austin"/> </div>	<div> Payee Apartment or Suite Number <input type="text"/> </div> <div> <div> Payee State* <input type="text" value="TX"/> </div> <div> Payee Zip Code* <input type="text" value="78704"/> </div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> Category* <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> Description (If Category is "Other") <input type="text"/> </div>	<div> (\$) Expenditure Amount* <input type="text" value="\$629.66"/> </div> <div> Expenditure Date* <input type="text" value="20161005"/> </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.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* ACH Payroll (SurePayroll)		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2350 Ravine Way	Payee Apartment or Suite Number Suite 100	
		Payee City* Glenview	Payee State* IL	Payee Zip Code* 60025
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor	(\$) Expenditure Amount* \$2,062.56	
		Description (If Category is "Other")	Expenditure Date* 20161005	

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
Pool	Leslie	District 7	District 7



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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*	
2	PAYEE ADDRESS	Payee Address/ PO Box* <input type="text"/>	Payee Apartment or Suite Number <input type="text"/>
		Payee City* <input type="text"/>	Payee State* <input type="text"/>
			Payee Zip Code* <input type="text"/>
3	EXPENDITURE DETAILS	Category* Other (use Description field) <input type="text"/>	(\$) Expenditure Amount* <input type="text"/>
		Description (If Category is "Other") <input type="text"/>	Expenditure Date* <input type="text"/>

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)

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

Add Another Contribution Page