



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<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>Apartment or Suite Number</b> <div></div> <b>City*</b> <div>Austin</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>Apartment or Suite Number</b> <div></div> <b>City</b> <div>Austin</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>20161021</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: 10/21/16

Emily Renner

AFFIANT'S SIGNATURE

Emily R Timm

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

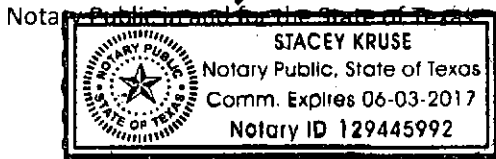
This instrument was acknowledged, sworn to and subscribed before me by

Emily Renner

On the 21 day of October, 2016, to certify which witness my hand and official seal.

Stacey Kruse

STACEY KRUSE



Typed or Printed Name of Notary



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

2016 OCT 21 PM 4 55  
RECEIVED  
AUSTIN CITY CLERK

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 <input type="text"/>	Payee First Name* <input type="text" value="Jacob"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Aronowitz"/>	Payee Suffix <input type="text"/>
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* <input type="text" value="6403b Chimney Creek Circle"/>		Payee Apartment or Suite Number <input type="text"/>	
		Payee City* <input type="text" value="Austin"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78722"/>
3	<b>EXPENDITURE DETAILS</b>	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$) Expenditure Amount* <input type="text" value="\$1,328.01"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="20161019"/>	

## 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	City Council District 7	City Council District 7
Casar	Greg	City Council District 4	City Council District 4



# 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.

<b>1</b>  <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*		Payee Suffix	
	Alarcon			
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	317 Strafford			
	Payee City*		Payee State*	Payee Zip Code*
	Laredo		TX	78041
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category*		(\$) Expenditure Amount*	
	Salaries/Wages/Contract labor		\$796.91	
	Description (If Category is "Other")		Expenditure Date*	
			20161019	

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)
Casar	Greg	City Council D4	City Council D4
Pool	Leslie	City Council D7	City Council D7



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(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.

<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		(\$ Expenditure Amount*  \$796.91	
		Description (If Category is "Other")  		Expenditure Date*  20161019	

### 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)
Casar	Greg	City Council D4	City Council D4
Pool	Leslie	City Council D7	City Council D7



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(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.

<b>1</b>  <b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td></td><td>Daniel</td></tr><tr><td colspan="2">Organization Name or Payee Last Name, as applicable*</td></tr><tr><td colspan="2">Andrade</td></tr><tr><td colspan="2">Payee Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Payee Title	Payee First Name*		Daniel	Organization Name or Payee Last Name, as applicable*		Andrade		Payee Suffix			
Payee Title	Payee First Name*												
	Daniel												
Organization Name or Payee Last Name, as applicable*													
Andrade													
Payee Suffix													
<b>2</b>  <b>PAYEE ADDRESS</b>	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td>780 Cedar Parkway</td><td colspan="2"></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td>Seguin</td><td>TX</td><td>78155</td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		780 Cedar Parkway			Payee City*	Payee State*	Payee Zip Code*	Seguin	TX	78155
Payee Address/ PO Box*	Payee Apartment or Suite Number												
780 Cedar Parkway													
Payee City*	Payee State*	Payee Zip Code*											
Seguin	TX	78155											
<b>3</b>  <b>EXPENDITURE DETAILS</b>	<table><tr><td>Category*</td><td>(\$) Expenditure Amount*</td></tr><tr><td>Salaries/Wages/Contract labor</td><td>\$82.31</td></tr><tr><td>Description (If Category is "Other")</td><td>Expenditure Date*</td></tr><tr><td></td><td>20161019</td></tr></table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$82.31	Description (If Category is "Other")	Expenditure Date*		20161019				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract labor	\$82.31												
Description (If Category is "Other")	Expenditure Date*												
	20161019												

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)
Casar	Greg	City Council D4	City Council D4
Pool	Leslie	City Council D7	City Council D7





# 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.

<b>1</b>  <b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*		
		Nick		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	Lassus			
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	6043B Chimney Creek Circle			
	Payee City*		Payee State*	Payee Zip Code*
	Austin		TX	78723
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category*		(\$) Expenditure Amount*	
	Salaries/Wages/Contract labor		\$796.91	
	Description (If Category is "Other")		Expenditure Date*	
			20161019	

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)
Casar	Greg	City Council D4	City Council D4
Pool	Leslie	City Council D7	City Council D7





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

<b>1</b>  <div style="text-align: center;"> <b>PAYEE NAME</b> </div> <div> <input checked="" type="checkbox"/> Payee is an individual         </div>	<div> <div> Payee Title  <input type="text"/> </div> <div> Payee First Name*  <input type="text" value="Juan"/> </div> </div> <div> <div> Organization Name or Payee Last Name, as applicable*  <input type="text" value="Belman-Guerrero"/> </div> <div> Payee Suffix  <input type="text"/> </div> </div>
<b>2</b>  <div style="text-align: center;"> <b>PAYEE ADDRESS</b> </div>	<div> <div> Payee Address/ PO Box*  <input type="text" value="139 W. Saint Elmo"/> </div> <div> Payee Apartment or Suite Number  <input type="text" value="Apt. D203"/> </div> </div> <div> <div> Payee City*  <input type="text" value="Austin"/> </div> <div> Payee State*  <input type="text" value="TX"/> </div> <div> Payee Zip Code*  <input type="text" value="78745"/> </div> </div>
<b>3</b>  <div style="text-align: center;"> <b>EXPENDITURE DETAILS</b> </div>	<div> <div> Category*  <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> (\$) Expenditure Amount*  <input type="text" value="\$302.23"/> </div> </div> <div> <div> Description (If Category is "Other")  <input type="text"/> </div> <div> Expenditure Date*  <input type="text" value="20161019"/> </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.

<b>1</b>  <div style="text-align: center;"> <b>PAYEE NAME</b> </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>Raeklevia</div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Mathis</div> </div> <div> <div>Payee Suffix</div> <div></div> </div>
<b>2</b>  <div style="text-align: center;"> <b>PAYEE ADDRESS</b> </div>	<div> <div>Payee Address/ PO Box*</div> <div>1012 Columbia Ave</div> </div> <div> <div>Payee Apartment or Suite Number</div> <div></div> </div> <div> <div>Payee City*</div> <div>Jacksonville</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>75766</div> </div>
<b>3</b>  <div style="text-align: center;"> <b>EXPENDITURE DETAILS</b> </div>	<div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>(\$) Expenditure Amount*</div> <div>\$85.23</div> </div> <div> <div>Description (If Category is "Other")</div> <div></div> </div> <div> <div>Expenditure Date*</div> <div>20161019</div> </div>

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

[illegible]



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(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.

<b>1</b>	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Payee First Name* Alicia  Organization Name or Payee Last Name, as applicable* Thompson  Payee Suffix 
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 1300 Crossing Place  Payee City* Austin  Payee Apartment or Suite Number Apt. 3521  Payee State* TX  Payee Zip Code* 78741
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor  (\$) Expenditure Amount* \$85.23  Description (If Category is "Other")  Expenditure Date* 20161019

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)
Casar	Greg	District 4	District 4



# 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.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* ACH Payroll (SurePayroll)		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 2350 Ravine Way	Payee Apartment or Suite Number Suite 100	
		Payee City* Glenview	Payee State* IL	Payee Zip Code* 60025
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor	(\$) Expenditure Amount* \$744.85	
		Description (If Category is "Other") 	Expenditure Date* 20161019	

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)
Casar	Greg	District 4	District 4
Pool	Leslie	District 7	District 7



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(Previously Independent Expenditures not by a Candidate)

## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.  
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<b>1</b>	<b>PAYEE</b>  <b>NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * American Printing and Mailing		
<b>2</b>	<b>PAYEE</b>  <b>ADDRESS</b>	Payee Address/ PO Box* 1606 Headway Circle	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78754
<b>3</b>	<b>EXPENDITURE</b>  <b>DETAILS</b>	Category* Printing Expense	(\$ ) Expenditure Amount* \$375.63	
		Description (If Category is "Other")	Expenditure Date* 20161019	

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

Add Another Expenditure Page



# 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.

<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Maria		
		Organization Name or Contributor Last Name, as applicable* Arrellano		Contributor Suffix  	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 10111 Quail Hutch		Contributor Apartment or Suite Number  	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78758
		Contributor Employer* Unknown		Contributor Occupation* Unknown	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161019		(\$) Contribution Amount* \$40.00	



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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  	Contributor First Name* Shannon		
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		Stott Sosa			
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1008 Red Cliff Dr		Contributor Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78758
		Contributor Employer* Unknown		Contributor Occupation* Unknown	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161019		(\$ ) Contribution Amount* \$15.00	



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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Smoot</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Monica &amp; Robert</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Smoot	Organization Name or Contributor Last Name, as applicable*		Monica & Robert		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Smoot																								
Organization Name or Contributor Last Name, as applicable*																									
Monica & Robert																									
Contributor Suffix																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">3033 Thrushwood Dr.</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78757</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Unknown</td><td colspan="2">Unknown</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		3033 Thrushwood Dr.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78757	Contributor Employer*		Contributor Occupation*		Unknown		Unknown	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
3033 Thrushwood Dr.																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78757																						
Contributor Employer*		Contributor Occupation*																							
Unknown		Unknown																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161019</td><td>\$25.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161019	\$25.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161019	\$25.00																								





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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Texas Association of Consumer Lawyers PAC</div>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>1220 Colorado Street</div>	Contributor Apartment or Suite Number <div>Suite 200</div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701</div>
	Contributor Employer* <div>Texas Association of Consumer Lawyers PAC</div>	Contributor Occupation* <div>Lawyer</div>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20161019</div>	(\$ ) Contribution Amount* <div>\$15,000.00</div>	



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Healer	Organization Name or Contributor Last Name, as applicable* Virginia & Mike	Contributor Suffix  
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 10205 Sun Hill Dr		Contributor Apartment or Suite Number  	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78758
		Contributor Employer* Unknown		Contributor Occupation* Unknown	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161019		(\$) Contribution Amount* \$18.00	



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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Juan</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Puente</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Juan	Organization Name or Contributor Last Name, as applicable*		Puente		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Juan																								
Organization Name or Contributor Last Name, as applicable*																									
Puente																									
Contributor Suffix																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">9901 Parkfield Dr.</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78758</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Unknown</td><td colspan="2">Unknown</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		9901 Parkfield Dr.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78758	Contributor Employer*		Contributor Occupation*		Unknown		Unknown	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
9901 Parkfield Dr.																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78758																						
Contributor Employer*		Contributor Occupation*																							
Unknown		Unknown																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161019</td><td>\$60.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161019	\$60.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161019	\$60.00																								



# 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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* AFSCME PEOPLE		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1625 L Street NW	Contributor Apartment or Suite Number	
	Contributor City* Washington	Contributor State* DC	Contributor Zip Code* 20036
	Contributor Employer* AFSCME	Contributor Occupation* AFSCME	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161019	(\$) Contribution Amount* \$45,000.00	

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