



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Austin Board of REALTORS PAC</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>4800 Spicewood Springs Rd.</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>78759</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div>Ms.</div> <b>First Name</b> <div>Emily</div> <b>Middle Initial</b> <div></div> <b>Last Name</b> <div>Chenevert</div> <b>Suffix</b> <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>4800 Spicewood Springs Rd.</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>78759</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20161026</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: 10/26/16

Emily Chenevert

AFFIANT'S SIGNATURE

Emily Chenevert

PRINT NAME

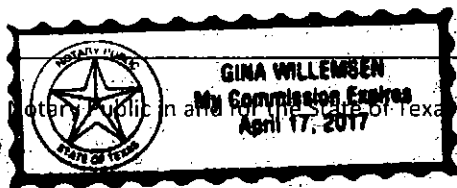
STATE OF TEXAS

COUNTY OF TRAVIS

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

Gina Wilkensen

On the 26 day of October, 2016, to certify which witness my hand and official seal.



Gina Wilkensen

Typed or Printed Name of Notary



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

[illegible]



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

[illegible]



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 * <div>Littlefield Consulting</div>
<b>2</b>  <b>PAYEE ADDRESS</b>	<div> <div>Payee Address/ PO Box *</div> <div>PO Box 90591</div> </div> <div> <div>Payee City *</div> <div>Austin</div> </div> <div> <div>Payee Apartment or Suite Number</div> <div></div> </div> <div> <div>Payee State *</div> <div>TX</div> </div> <div> <div>Payee Zip Code *</div> <div>78709</div> </div>
<b>3</b>  <b>EXPENDITURE DETAILS</b>	<div> <div>Category *</div> <div>Other (use Description field)</div> </div> <div> <div>Description (If Category is "Other")</div> <div>Mail in support</div> </div> <div> <div>(\$) Expenditure Amount *</div> <div>\$132.48</div> </div> <div> <div>Expenditure Date *</div> <div>20161026</div> </div>

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

[illegible]



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

[illegible]



## Report Of Direct Campaign Expenditures: Schedule ATX.1

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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>	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"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	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"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		{ \$ } Contribution Amount*
		<input type="text"/>		<input type="text"/>

[Add Another Contribution Page](#)