



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

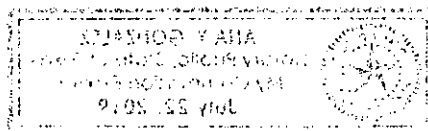
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AUSTIN CITY CLERK  
RECEIVED

2016 OCT 27 PM 4 50

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> Workers Defense in Action PAC				
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> PO Box 140402		<b>Apartment or Suite Number</b>  <b>City*</b> Austin	<b>State*</b> TX	<b>Zip Code*</b> 78714
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> Mr.	<b>First Name</b> Louis	<b>Middle Initial</b> 		
	<b>Last Name</b> Malfaro		<b>Suffix</b> 		
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> 		<b>Apartment or Suite Number</b> 		
	<b>City</b> 		<b>State</b> 	<b>Zip Code</b> 	
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> 20161027				

\* 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: 10/27/16

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 Timm

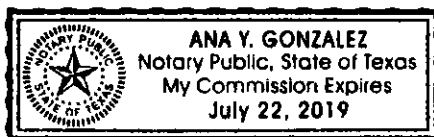
On the 27<sup>th</sup> day of October, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Ana Y. Gonzalez

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.

<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* 5808 Burnet Road	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78756
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$205.00	
		Description (If Category is "Other")	Expenditure Date* 20161025	

### 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
Flannigan	Jimmy	City Council D6	
Casar	Greg	City Council D4	City Council D4
Alter	Allison	City Council D10	
Pool	Leslie	City Council D7	City Council D7



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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* Aaron  Organization Name or Payee Last Name, as applicable* Zachary  Payee Suffix 
<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* Travel Out of District  (\$) Expenditure Amount* \$458.05  Description (If Category is "Other") Graphic Design  Expenditure Date* 20161025

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
Flannigan	Jimmy	District 6	
Pool	Leslie	District 7	District 7
Alter	Allison	District 10	District 10



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## 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 type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Allied Printing and Mailing		
2	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 142708	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78714
3	<b>EXPENDITURE DETAILS</b>	Category* Printing Expense	(\$ ) Expenditure Amount* \$950.00	
		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	District 2	District 2
Casar	Garza	District 4	District 4
Flannigan	Jimmy	District 6	
Pool	Leslie	District 7	District 7
Alter	Allison	District 10	



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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* United States Postal Service
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 8225 Cross Park Drive Payee City* Austin Payee Apartment or Suite Number  Payee State* TX Payee Zip Code* 78710
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Other (use Description field) (\$) Expenditure Amount* \$200.00 Description (If Category is "Other") Postage Expenditure Date* 20161022

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
Flannigan	Jimmy	District 6	
Pool	Leslie	District 7	District 7

Add Another Expenditure Page



# 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>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Anonymous</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Donor</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Anonymous	Organization Name or Contributor Last Name, as applicable*		Donor		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Anonymous																								
Organization Name or Contributor Last Name, as applicable*																									
Donor																									
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">12204 Midland Walk</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>78727</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		12204 Midland Walk				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78727	Contributor Employer*		Contributor Occupation*		Unknown		Unknown	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
12204 Midland Walk																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78727																						
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>20161025</td><td>\$10.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161025	\$10.00																				
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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Robert & Ann
		Organization Name or Contributor Last Name, as applicable* Glenn	Contributor Suffix  
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 12100 Hispania Court	Contributor Apartment or Suite Number  
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78727	
		Contributor Employer* Unknown	Contributor Occupation* Unknown
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161025	(\$ ) Contribution Amount* \$25.00





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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Joseph  Organization Name or Contributor Last Name, as applicable* Johnston  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 5319 Bull Run  Contributor City* Austin  Contributor Employer* Unknown  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78727  Contributor Occupation* Unknown
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161025  (\$ Contribution Amount* \$6.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*
			Hal
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Jennings	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		5327 Bull Run	
		Contributor City*	Contributor State* Contributor Zip Code*
		Austin	TX 78727
		Contributor Employer*	Contributor Occupation*
		Unknown	Unknown
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	(\$ ) Contribution Amount*
		20161025	\$40.00



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<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>Thomas</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Hollingsworth</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Thomas	Organization Name or Contributor Last Name, as applicable*		Hollingsworth		Contributor Suffix															
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Organization Name or Contributor Last Name, as applicable*																									
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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">4039 Zuni 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>78759</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		4039 Zuni Dr				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78759	Contributor Employer*		Contributor Occupation*		Unknown		Unknown	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4039 Zuni Dr																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78759																						
Contributor Employer*		Contributor Occupation*																							
Unknown		Unknown																							
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<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">11713 Santa Cruz</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>78759</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		11713 Santa Cruz				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78759	Contributor Employer*		Contributor Occupation*		Unknown		Unknown	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
11713 Santa Cruz																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
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<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>Michale J &amp; Y. Valerie Pena</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Miele</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Michale J & Y. Valerie Pena	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Miele											
Contributor Title	Contributor First Name*																		
	Michale J & Y. Valerie Pena																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Miele																			
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>11712 Spotted Horse Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78759</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Unknown</td><td colspan="2">Unknown</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		11712 Spotted Horse Dr			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78759	Contributor Employer*	Contributor Occupation*		Unknown	Unknown	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
11712 Spotted Horse Dr																			
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Austin	TX	78759																	
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20161025	\$20.00																		

Add Another Contribution Page