



Report Of Direct Campaign Expenditures: Schedule ATX.1

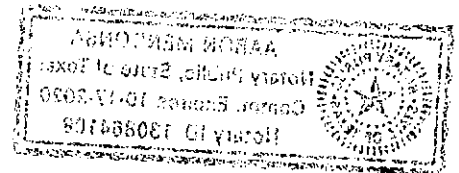
(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Emergency Public Safety Fund</div>		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>7537 Comanche Rd</div> City* <div>Austin</div>	Apartment or Suite Number <div></div> State* <div>TX</div>	Zip Code* <div>78752</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Greg</div> Middle Initial <div></div> Last Name <div>Rope</div> Suffix <div></div>		
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div></div> City <div></div>	Apartment or Suite Number <div></div> State <div></div>	Zip Code <div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161031</div>		

AUSTIN CITY CLERK
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* 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: 11/1/16

[Signature]
AFFIANT'S SIGNATURE

Premal Amin
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Amin Premalkumar

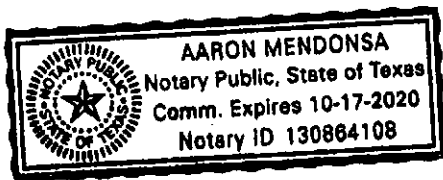
On the 01 day of November, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Aaron Mendonsa

Typed or Printed Name of Notary





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(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Everest Marketing		
2 PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand		Payee Apartment or Suite Number
	Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* CONSULT		(\$) Expenditure Amount* \$10,000.00
	Description (If Category is "Other") 	Expenditure Date (yyyymmdd)* 20161011	

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)
Zimmerman	Don	6	City Council

Add Another Expenditure Page



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1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Everest Marketing		
2 PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand	Payee Apartment or Suite Number 	
	Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* CONSULT	(\$) Expenditure Amount* \$8,000.00	
	Description (If Category is "Other") 	Expenditure Date (yyyymmdd)* 20161011	

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	5	City Council

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1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Everest Marketing		
2 PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand		Payee Apartment or Suite Number
	Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* CONSULT		{ \$ } Expenditure Amount* \$10,000.00
	Description (If Category is "Other") 		Expenditure Date (yyyymmdd)* 20161011

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)
Gallo	Sheri	10	City Council

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1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Everest Marketing		
2 PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand		Payee Apartment or Suite Number
	Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* CONSULT		(\$) Expenditure Amount* \$5,000.00
	Description (If Category is "Other") 	Expenditure Date (yyyymmdd)* 20161011	

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	4	City Council

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Expenditure

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1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Everest Marketing		
2 PAYEE ADDRESS	Payee Address / PO Box* 1808 Grandstand		Payee Apartment or Suite Number
	Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78238
3 EXPENDITURE DETAILS	Category* CONSULT		(\$) Expenditure Amount* \$5,000.00
	Description (If Category is "Other") 		Expenditure Date (yyyymmdd)* 20161011

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	2	City Council

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 <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name as applicable* RECA-GOOD Government PAC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 98 San Jacinto Blvd.	Contributor Apartment or Suite Number Suite 510	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Amount* 6500	

[Add Another Contribution Page](#)



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

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name as applicable* Home PAC Corporate		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 8140 Echange Dr.	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78754
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Amount* 100	

Add Another Contribution Page