



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

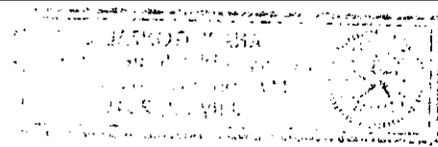
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AUSTIN CITY CLERK  
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2016 NOV 3 PM 4 48

<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>	<table border="1"> <tr> <td><b>Address/ PO Box*</b> PO Box 140402</td> <td colspan="2"><b>Apartment or Suite Number</b></td> </tr> <tr> <td><b>City*</b> Austin</td> <td><b>State*</b> TX</td> <td><b>Zip Code*</b> 78714</td> </tr> </table>	<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
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<b>City*</b> Austin	<b>State*</b> TX	<b>Zip Code*</b> 78714					
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<table border="1"> <tr> <td><b>Title</b> Mr</td> <td><b>First Name</b> Louis</td> <td><b>Middle Initial</b></td> </tr> <tr> <td><b>Last Name</b> Malfaro</td> <td colspan="2"><b>Suffix</b></td> </tr> </table>	<b>Title</b> Mr	<b>First Name</b> Louis	<b>Middle Initial</b>	<b>Last Name</b> Malfaro	<b>Suffix</b>	
<b>Title</b> Mr	<b>First Name</b> Louis	<b>Middle Initial</b>					
<b>Last Name</b> Malfaro	<b>Suffix</b>						
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<b>City</b> Austin	<b>State</b> TX	<b>Zip Code</b> 78714					
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> 20161103						

\* 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: 11/03/2010

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 Timm

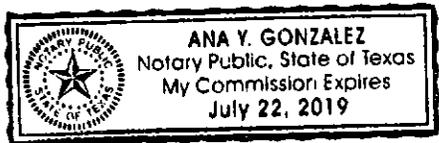
On the 3 day of November, 2010, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Ana Y Gonzalez

Typed or Printed Name of Notary

























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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 checked="" type="checkbox"/> Contributor is an individual	<input type="text"/>		<input type="text"/>	
		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](#)