



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

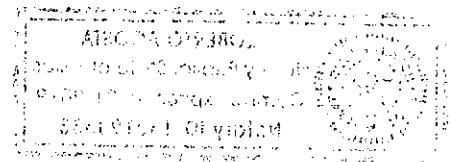
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AUSTIN CITY CLERK
RECEIVED

2016 DEC 1 PM 4 40

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Texas Vote Environment</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>600 W. 28th Street</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78705</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Mr.</div> First Name <div>David</div> Middle Initial <div></div> Last Name <div>Foster</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>Same</div> City <div></div> Apartment or Suite Number <div></div> State <div></div> Zip Code <div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div></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: 12-1-16

[Signature]

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

DAVID FOSTER

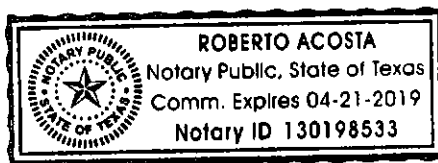
On the 1ST day of DECEMBER, 2016, to certify which witness my hand and official seal.

[Signature]

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 North IH 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$257.64	
		Description (If Category is "Other")	Expenditure Date* 20161118	

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)
Alter	Alison	City Council Dist 10	

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Worley Printing</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>3217 North IH 35</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78722</div>
3 EXPENDITURE DETAILS	Category* <div>Other (use Description field)</div> Description (If Category is "Other") <div>Print and mail postcard</div>		(\$) Expenditure Amount* <div>\$461.99</div> Expenditure Date* <div>20161201</div>

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

[illegible]



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Expenditure

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

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Clean Water Action		
2	PAYEE ADDRESS	Payee Address/ PO Box* 600 W. 28th Stret	Payee Apartment or Suite Number 202	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78705
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$2,500.00	
		Description (If Category is "Other") Canvassing and Phone Banking	Expenditure Date* 20161129	

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)



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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* Austinites for Equity		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1812 Centre Creek Drive	Contributor Apartment or Suite Number Suite 310	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78754
	Contributor Employer* NA	Contributor Occupation* NA	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161118		(%) Contribution Amount* \$1,000.00



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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Kirk Organization Name or Contributor Last Name, as applicable* Mitchell Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 304 E 32nd St Contributor City* Austin Contributor State* TX Contributor Zip Code* 78705 Contributor Employer* Self Contributor Occupation* Securities Investor
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161122 (\$) Contribution Amount* \$5,000.00

Add Another Contribution Page