



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

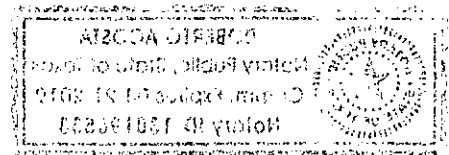
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RECEIVED

2016 DEC 12 PM 4 44

| | | | |
|---|--|------------------------------|--------------------------------------|
| 1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual | Committee or Organization Name* Travis County Democratic Party | | |
| 2 INDIVIDUAL OR ORGANIZATION ADDRESS | Address/ PO Box* PO Box 684263 | | Apartment or Suite Number |
| | City* Austin | State* TX | Zip Code* 78768 |
| 3 COMMITTEE TREASURER NAME (if applicable) | Title Hon | First Name Vincent | Middle Initial |
| | Last Name Harding | Suffix | |
| 4 COMMITTEE TREASURER ADDRESS (if applicable) | Address/ PO Box | | Apartment or Suite Number |
| | City | State | Zip Code |
| 5 REPORT DATE | Date Filed (yyyymmdd)* 20161212 | | |

* 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: 12/11/2016

Cynthia Hall Flint

AFFIANT'S SIGNATURE

Cynthia Hall Flint

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

CYNTHIA HALL FLINT

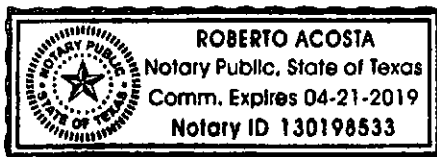
On the 12TH day of DECEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

Notary Public in and for the State of Texas

ROBERTO ACOSTA

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.

| | | | |
|--|---|--|--|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* Elliott Naishtat Campaign | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* 6401 Wilbur Dr | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78757-2752 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161115 | (\$) Contribution Amount* \$500.00 | |

[Add Another Contribution Page](#)



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| | | | |
|--|---|------------------------------------|--|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* Graves, Dougherty, Hearon & Moody | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* PO Box 98 | | Contributor Apartment or Suite Number |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78767-0098 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161115 | | (\$) Contribution Amount* \$500.00 |

[Add Another Contribution Page](#)



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| | | | |
|--|---|---------------------------------------|-------------------------------------|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* VOTE PAC | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* 3571 Far West Blvd | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78731-3064 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161115 | (\$) Contribution Amount* \$500.00 | |

Add Another Contribution Page



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| | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|---------------------------------------|----------|--------------|---|--------------------|-------------------|--------------------|-----------------------|--------|----|------------|-----------------------|-------------------------|--|---------------|-------------|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Joseph</td></tr><tr><td>Organization Name or Contributor Last Name as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Pinnelli</td><td></td></tr></table> | Contributor Title | Contributor First Name* | | Joseph | Organization Name or Contributor Last Name as applicable* | Contributor Suffix | Pinnelli | | | | | | | | | | | |
| Contributor Title | Contributor First Name* | | | | | | | | | | | | | | | | | | |
| | Joseph | | | | | | | | | | | | | | | | | | |
| Organization Name or Contributor Last Name as applicable* | Contributor Suffix | | | | | | | | | | | | | | | | | | |
| Pinnelli | | | | | | | | | | | | | | | | | | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | <table><tr><td>Contributor Address / PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>PO Box 50038</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>78763-0038</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Self-Employed</td><td colspan="2">Real Estate</td></tr></table> | Contributor Address / PO Box* | Contributor Apartment or Suite Number | | PO Box 50038 | | | Contributor City* | Contributor State* | Contributor Zip Code* | Austin | TX | 78763-0038 | Contributor Employer* | Contributor Occupation* | | Self-Employed | Real Estate | |
| Contributor Address / PO Box* | Contributor Apartment or Suite Number | | | | | | | | | | | | | | | | | | |
| PO Box 50038 | | | | | | | | | | | | | | | | | | | |
| Contributor City* | Contributor State* | Contributor Zip Code* | | | | | | | | | | | | | | | | | |
| Austin | TX | 78763-0038 | | | | | | | | | | | | | | | | | |
| Contributor Employer* | Contributor Occupation* | | | | | | | | | | | | | | | | | | |
| Self-Employed | Real Estate | | | | | | | | | | | | | | | | | | |
| 3 CONTRIBUTION DETAILS | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161115</td><td>\$500.00</td></tr></table> | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | 20161115 | \$500.00 | | | | | | | | | | | | | | |
| Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | | | | | | | | | | | | | | | | | | |
| 20161115 | \$500.00 | | | | | | | | | | | | | | | | | | |

[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* Regina I Hinojosa Campaign | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* 2220 Parkway | |
| | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX |
| | Contributor Zip Code* 78703-3111 | |
| | Contributor Employer* | Contributor Occupation* |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161115 | (\$) Contribution Amount* \$500.00 |

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

| | | | |
|--|--|---|--|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* Alison Alter Campaign | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* PO Box 300572 | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78703-0010 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161202 | | (%) Contribution Amount* \$2,782.80 |

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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* Annie's List | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* PO Box 303277 | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78703-0055 |
| | Contributor Employer* | Contributor Occupation* | |
| | | | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161209 | (\$) Contribution Amount* \$1,500.00 | |

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

| | | | |
|--|--|--|-------------------------------------|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* SWLDC PAC | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* 11720 E 21st St | Contributor Apartment or Suite Number | |
| | Contributor City* Tulsa | Contributor State* OK | Contributor Zip Code* 74129-1824 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTOR DETAILS | Contribution Date (yyyymmdd)* 20161209 | (\$) Contribution Amount* \$500.00 | |

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

| | | |
|--|---|--|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name as applicable* Liberal Austin Democrats | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address / PO Box* 8600 N FM 620 #210 | |
| | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX |
| | Contributor Zip Code* 78726 | |
| | Contributor Employer* | Contributor Occupation* |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161209 | (\$) Contribution Amount* \$250.00 |

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Report of Direct Campaign Expenditures: Schedule ATX.1

(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 | Payee Title | | | Payee First Name* | | |
| | | | | Liam | | |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* | | | Payee Suffix | | |
| | Morrison | | | | | |
| 2 PAYEE ADDRESS | Payee Address / PO Box* | | | Payee Apartment or Suite Number | | |
| | 5804 Breezewood Dr | | | | | |
| | Payee City* | | | Payee State* | | Payee Zip Code* |
| | Austin | | | TX | | 78745-4088 |
| 3 EXPENDITURE DETAILS | Category* | | | (\$) Expenditure Amount* | | |
| | Salaries/Wages/Contract labor | | | \$100.43 | | |
| | Description (If Category is "Other") | | | Expenditure Date (yyyymmdd)* | | |
| | | | | 20161203 | | |

| | | | |
|--|---|----------------------------------|--------------------------------|
| 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 | | |

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(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 | Payee Title <input type="text"/> | Payee First Name* <input type="text" value="John"/> |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* <input type="text" value="Wallace"/> | Payee Suffix <input type="text"/> |
| 2 PAYEE ADDRESS | Payee Address / PO Box* <input type="text" value="9417 Great Hills Trl., #1042"/> | Payee Apartment or Suite Number <input type="text"/> |
| | Payee City* <input type="text" value="Austin"/> | Payee State* <input type="text" value="TX"/> |
| | | Payee Zip Code* <input type="text" value="78731-2525"/> |
| 3 EXPENDITURE DETAILS | Category* <input type="text" value="Salaries/Wages/Contract labor"/> | (\$) Expenditure Amount* <input type="text" value="\$109.44"/> |
| | Description (If Category is "Other") <input type="text"/> | Expenditure Date (yyyymmdd)* <input type="text" value="20161203"/> |

| | | | |
|--|---|--|--|
| 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 | | |

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

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Expenditure

Itemize each expenditure in Sections 1-4.

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

| | | | |
|--|---|-------------------|---------------------------------|
| 1 PAYEE NAME | Payee Title | Payee First Name* | |
| | | Alexander | |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* | | Payee Suffix |
| | Wright | | |
| 2 PAYEE ADDRESS | Payee Address / PO Box* | | Payee Apartment or Suite Number |
| | 803 Tirado St | | |
| | Payee City* | Payee State* | Payee Zip Code* |
| | Austin | TX | 78752-4347 |
| 3 EXPENDITURE DETAILS | Category* | | (\$) Expenditure Amount* |
| | Salaries/Wages/Contract labor | | \$220.38 |
| | Description (If Category is "Other") | | Expenditure Date (yyyymmdd)* |
| | | | 20161203 |

| | | | |
|--|---|----------------------------------|--------------------------------|
| 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 | | |

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(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 | Payee Title | Payee First Name* | | |
| | | Alexandre | | |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* | | Payee Suffix | |
| | Jumeau | | | |
| 2 PAYEE ADDRESS | Payee Address / PO Box* | | Payee Apartment or Suite Number | |
| | 811 E 11th St | | | |
| | Payee City* | Payee State* | Payee Zip Code* | |
| | Austin | TX | 78702-1977 | |
| 3 EXPENDITURE DETAILS | Category* | | (\$) Expenditure Amount* | |
| | Salaries/Wages/Contract labor | | \$282.16 | |
| | Description (If Category is "Other") | | Expenditure Date (yyyymmdd)* | |
| | | | 20161203 | |

| | | | |
|--|---|----------------------------------|--------------------------------|
| 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 | | |

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(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 | Payee Title | Payee First Name* | |
| | | Jerry | |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* | | Payee Suffix |
| | Loomis | | |
| 2 PAYEE ADDRESS | Payee Address / PO Box* | | Payee Apartment or Suite Number |
| | 7201 Wood Hollow Dr | | |
| | Payee City* | Payee State* | Payee Zip Code* |
| | Austin | TX | 78731-2525 |
| 3 EXPENDITURE DETAILS | Category* | | (\$) Expenditure Amount* |
| | Salaries/Wages/Contract labor | | \$69.03 |
| | Description (If Category is "Other") | | Expenditure Date (yyyymmdd)* |
| | | | 20161203 |

| | | | |
|--|---|----------------------------------|--------------------------------|
| 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 | | |

Add Another Expenditure Page



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Expenditure

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

| | | | |
|--|---|-------------------|---------------------------------|
| 1 PAYEE NAME | Payee Title | Payee First Name* | |
| | | Alexandra | |
| <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Payee Last Name as applicable* | | Payee Suffix |
| | Lopez | | |
| 2 PAYEE ADDRESS | Payee Address / PO Box* | | Payee Apartment or Suite Number |
| | 7209 Bennett Ave | | |
| | Payee City* | Payee State* | Payee Zip Code* |
| | Austin | TX | 78752-2702 |
| 3 EXPENDITURE DETAILS | Category* | | (\$) Expenditure Amount* |
| | Salaries/Wages/Contract labor | | \$232.07 |
| | Description (If Category is "Other") | | Expenditure Date (yyyymmdd)* |
| | | | 20161203 |

| | | | |
|--|---|----------------------------------|--------------------------------|
| 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 | | |

Add Another Expenditure Page