



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 DEC 15 PM 4 55

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Board of REALTORS® PAC</div>												
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td>Apartment or Suite Number</td></tr><tr><td colspan="2"><div>4800 Spicewood Springs Rd</div></td><td><div></div></td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td><div>78759</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number	<div>4800 Spicewood Springs Rd</div>		<div></div>	City*	State*	Zip Code*	<div>Austin</div>	<div>TX</div>	<div>78759</div>
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<div>Austin</div>	<div>TX</div>	<div>78759</div>											
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div>Ms.</div></td><td><div>Emily</div></td><td><div></div></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Chenevert</div></td><td><div></div></td></tr></table>	Title	First Name	Middle Initial	<div>Ms.</div>	<div>Emily</div>	<div></div>	Last Name		Suffix	<div>Chenevert</div>		<div></div>
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Last Name		Suffix											
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5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161215</div>												

* Indicates a required field



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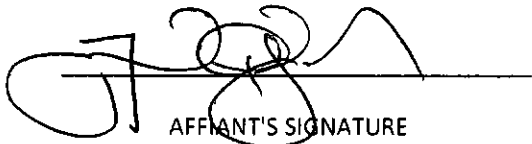
(Previously Independent Expenditures not by a Candidate)

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: 15 DEC 2016


AFFIANT'S SIGNATURE

ANDREI LUBOMUDROV
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

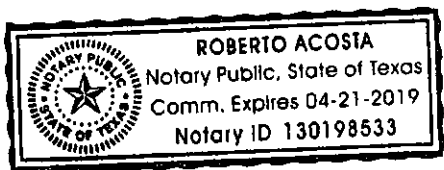
This instrument was acknowledged, sworn to and subscribed before me by

ANDREI LUBOMUDROV

On the 15TH day of DECEMBER, 2016, to certify which witness my hand and official seal.


Notary Public in and for the State of Texas

ROBERTO ACOSTA
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* Littlefield Consulting		
2 PAYEE ADDRESS	Payee Address/ PO Box* P.O. Box 90591	Payee Apartment or Suite Number	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78709
3 EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$9,307.57	
	Description (If Category is "Other")	Expenditure Date* 20161215	

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, in support	Sheri		Council Member District 10

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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text"/> Organization Name or Contributor Last Name, as applicable* <input type="text"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/> Contributor City* <input type="text"/> Contributor Employer* <input type="text"/> Contributor Apartment or Suite Number <input type="text"/> Contributor State* <input type="text"/> Contributor Zip Code* <input type="text"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text"/> (\$) Contribution Amount* <input type="text"/>

[Add Another Contribution Page](#)