



Report Of Direct Campaign Expenditures: Schedule ATX.1

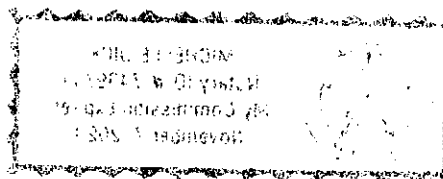
(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
SEP 28 '18 PM3:25

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Vote Yes on Prop K Political Action Committee</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>806 Jewell St</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78704</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Mr</div> First Name <div>Michael</div> Middle Initial <div>R</div> Last Name <div>Searle</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div></div> Apartment or Suite Number <div></div> City <div></div> State <div></div> Zip Code <div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20180928</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: 9/28/2018

[Signature]
AFFIANT'S SIGNATURE

Michael Searle
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Michael Searle

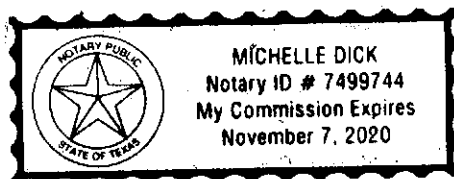
On the 28 day of Sept, 2018, to certify which witness my hand and official seal.

Michelle Dick

Notary Public in and for the State of Texas

Michelle Dick

Typed or Printed Name of Notary





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(Previously Independent Expenditures not by a Candidate)

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* Vici Media		
2	PAYEE ADDRESS	Payee Address/ PO Box* 816 Big Woods Dr.	Payee Apartment or Suite Number 	
		Payee City* Longview	Payee State* TX	Payee Zip Code* 75605
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$5,000.00	
		Description (If Category is "Other") Digital Ads	Expenditure Date* 20180918	

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)
Support - Proposition K			



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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* Pedro S Services		
2	PAYEE ADDRESS	Payee Address/ PO Box* 403 Springdale Rd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$2,350.00	
		Description (If Category is "Other")	Expenditure Date* 20180924	

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)
Support - Proposition K			



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>Texas G Store</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>20230 Kings Camp Dr.</div> Payee City* <div>Katy</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>77450</div>
3 EXPENDITURE DETAILS	Category* <div>Printing Expense</div> Description (If Category is "Other") <div>Yard Signs</div>		(\$) Expenditure Amount* <div>\$2,500.00</div> Expenditure Date* <div>20180928</div>

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

[illegible]



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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 Mr. Contributor First Name* Michael Organization Name or Contributor Last Name, as applicable* Kleinman Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 13549 Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78711 Contributor Employer* MLK LLC Contributor Occupation* Retailer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180917 (\$) Contribution Amount* \$5,000.00



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr. Contributor First Name* Christopher Organization Name or Contributor Last Name, as applicable* Covo Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1148 Northwestern Ave Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78702 Contributor Employer* PJs of Texas Contributor Occupation* Executive
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180917 (\$) Contribution Amount* \$500.00



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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>Ellen & Caleb</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Troxclair</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Ellen & Caleb	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Troxclair																	
Contributor Title	Contributor First Name*																								
	Ellen & Caleb																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Troxclair																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1500 Surrey Hill Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78746</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">City of Austin</td><td colspan="2">Council Member</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1500 Surrey Hill Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78746		Contributor Employer*		Contributor Occupation*		City of Austin		Council Member	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1500 Surrey Hill Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78746																							
Contributor Employer*		Contributor Occupation*																							
City of Austin		Council Member																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180917</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180917	\$500.00																				
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr.	Contributor First Name* Roque	Organization Name or Contributor Last Name, as applicable* De La Fuente	Contributor Suffix			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5440 Morehouse Dr	Contributor Apartment or Suite Number	Contributor City* San Diego	Contributor State* CA	Contributor Zip Code* 92121	Contributor Employer* Self-employed	Contributor Occupation* Self-employed
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180926	(\$) Contribution Amount* \$1,000.00					



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable* VcFO Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 6836 Austin Center Blvd Contributor City* Austin Contributor Employer* VCFO Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78731 Contributor Occupation* Company
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180915 (\$) Contribution Amount* \$1,000.00



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr	Contributor First Name* James	Organization Name or Contributor Last Name, as applicable* Skaggs	Contributor Suffix			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4700 Toreador Dr.	Contributor Apartment or Suite Number	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180925	(\$) Contribution Amount* \$5,000.00					

Add Another Contribution Page