



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
OCT 9 '18 PM4:07

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Workers Defense Action Fund PAC</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<div><div>Address/ PO Box*</div><div>PO Box 143001</div><div>City*</div><div>Austin</div><div>Apartment or Suite Number</div><div>State*</div><div>TX</div><div>Zip Code*</div><div>78714</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div><div>Title</div><div>First Name</div><div>Middle Initial</div><div>Last Name</div><div>Suffix</div><div>Emma</div><div>Ruiz</div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div><div>Address/ PO Box</div><div>Apartment or Suite Number</div><div>City</div><div>State</div><div>Zip Code</div></div>
5 REPORT DATE	<div><div>Date Filed (yyyymmdd)*</div><div>20181009</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: 10-09-2018

AFFIANT'S SIGNATURE

Amparo Herrera Hughes

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

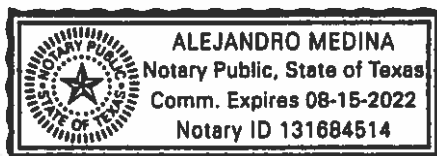
Amparo Herrera Hughes

On the 9 day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Alejandro Medina

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* <div>Best Buy</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1201 Barbara Jordan Blvd</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78723</div>
3 EXPENDITURE DETAILS	Category* <div>Other (use Description field)</div> Description (If Category is "Other") <div>Canvassing Supplies</div>		(\$) Expenditure Amount* <div>\$73.03</div> Expenditure Date* <div>20180919</div>

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

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Best Buy		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1201 Barbara Jordan Blvd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78723
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$ Expenditure Amount* \$30.00	
		Description (If Category is "Other") Canvassing Supplies	Expenditure Date* 20180920	

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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Oppose			

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>HEB Grocery Store</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1801 E. 51st Street</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78723</div>
3 EXPENDITURE DETAILS	Category* <div>Food/Beverage Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$53.30</div> Expenditure Date* <div>20180920</div>

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

[illegible]



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Office Depot		
2	PAYEE ADDRESS	Payee Address/ PO Box* 816 Tirado	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78752
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$242.27	
		Description (If Category is "Other")	Expenditure Date* 20180920	

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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Staples		
2	PAYEE ADDRESS	Payee Address/ PO Box* 12-1 Barbara Jordan Blvd	Payee Apartment or Suite Number #700	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78723
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$30.00	
		Description (If Category is "Other")	Expenditure Date* 20180927	

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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
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1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* SVM Prepaid Card		
2 PAYEE ADDRESS	Payee Address/ PO Box* 3727 Ventura Dr.	Payee Apartment or Suite Number	
	Payee City* Arlington Heights	Payee State* IL	Payee Zip Code* 6004
3 EXPENDITURE DETAILS	Category* Travel In District	(\$) Expenditure Amount* \$415.32	
	Description (if Category is "Other")	Expenditure Date* 20180920	

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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Intuit Quickbook	
2	PAYEE ADDRESS	Payee Address/ PO Box* 2632 Marine Way	Payee Apartment or Suite Number
		Payee City* Mountainview	Payee State* CA
			Payee Zip Code*
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$65.16
		Description (If Category is "Other") Payroll Service	Expenditure Date* 20180923

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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Texas Mutual Insurance		
2	PAYEE ADDRESS	Payee Address/ PO Box * PO Box 12029	Payee Apartment or Suite Number	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 78711
3	EXPENDITURE DETAILS	Category * Other (use Description field)	(\$) Expenditure Amount * \$45.53	
		Description (If Category is "Other") Insurance	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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Intuit Payroll		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2632 Marine Way	Payee Apartment or Suite Number 	
		Payee City* Mountainview	Payee State* CA	Payee Zip Code* 94043
3	EXPENDITURE DETAILS	Category* Fees	(\$) Expenditure Amount* \$37.31	
		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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			

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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Southwest Laborers District Council		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11720 East 21st Street	Contributor Apartment or Suite Number Suite D	
	Contributor City* Tulsa	Contributor State* OK	Contributor Zip Code* 74129
	Contributor Employer* n/a	Contributor Occupation* n/a	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180907	(\$) Contribution Amount* \$7,000.00	



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

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Laborers' Local 1095	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8546 Broadway Street Contributor City* San Antonio Contributor Employer* n/a	Contributor Apartment or Suite Number Suite 235 Contributor State* TX Contributor Zip Code* 78217 Contributor Occupation* n/a
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180910	(\$) Contribution Amount* \$3,000.00



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

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Communication Workers of America				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 501 Third Street NW	Contributor Apartment or Suite Number 	Contributor City* Washington	Contributor State* DC	Contributor Zip Code* 20001
	Contributor Employer* n/a	Contributor Occupation* n/a			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180824		(\$) Contribution Amount* \$25,000.00		

Add Another Contribution Page