



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Together PAC</div> <div>OCC RECEIVED AT OCT 9 '18 PM4:24</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>604 W. 11th St.</div> Apartment or Suite Number <div></div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Brandi</div> Middle Initial <div>C</div> Last Name <div>Burton</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>604 W. 11th St.</div> Apartment or Suite Number <div></div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181009</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: 10/9/18

[Signature]
AFFIANT'S SIGNATURE

Jovita Pardo
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

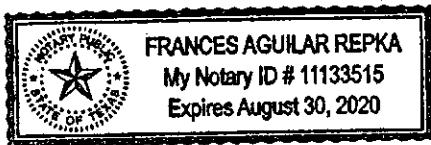
This instrument was acknowledged, sworn to and subscribed before me by

Jovita Pardo

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

[Signature]
Notary Public in and for the State of Texas

Frances Aguilar Repke
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* City Lights Group		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2205 Rabb Glen Rd.	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$90,000.00	
		Description (If Category is "Other") TV Purchase	Expenditure Date* 20181003	

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 A			
Support Proposition B			
Support Proposition C			
Support Proposition D			
Support Proposition E			
Support Proposition F			
Support Proposition G			



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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>Paya</div>		
2	PAYEE ADDRESS	Payee Address/ PO Box* <div>12120 Sunset Hills Rd.</div>	Payee Apartment or Suite Number <div>Suite 500</div>	
		Payee City* <div>Reston</div>	Payee State* <div>VA</div>	Payee Zip Code* <div>20190</div>
3	EXPENDITURE DETAILS	Category* <div>Fees</div>	(\$) Expenditure Amount* <div>\$829.66</div>	
		Description (If Category is "Other") <div>Credit Card Processing Fees</div>	Expenditure Date* <div>20181001</div>	

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 A			
Support Proposition B			
Support Proposition C			
Support Proposition D			
Support Proposition E			
Support Proposition F			
Support Proposition G			



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

Revised 8/4/2016
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Contribution

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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Channy</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Soeur</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Channy	Organization Name or Contributor Last Name, as applicable*		Soeur		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Channy																								
Organization Name or Contributor Last Name, as applicable*																									
Soeur																									
Contributor Suffix																									
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">7908 Cameron Rd.</td><td colspan="2"></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78754</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">CAS Consulting & Services</td><td colspan="2">Chief Executive Officer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		7908 Cameron Rd.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78754	Contributor Employer*		Contributor Occupation*		CAS Consulting & Services		Chief Executive Officer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
7908 Cameron Rd.																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78754																						
Contributor Employer*		Contributor Occupation*																							
CAS Consulting & Services		Chief Executive Officer																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181009</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181009	\$1,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20181009	\$1,000.00																								



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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>Aan</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Coleman</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Aan	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Coleman																	
Contributor Title	Contributor First Name*																								
	Aan																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Coleman																									
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">9890 Silver Mountain 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">78737</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Coleman & Associates</td><td colspan="2">Landscape Architect</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		9890 Silver Mountain Dr.				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78737		Contributor Employer*		Contributor Occupation*		Coleman & Associates		Landscape Architect	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
9890 Silver Mountain Dr.																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78737																							
Contributor Employer*		Contributor Occupation*																							
Coleman & Associates		Landscape Architect																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181001</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181001	\$500.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austin Board of Realtors PAC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4105 Medical Pkwy Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78756 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181004	(\$) Contribution Amount* \$15,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Upland Software Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress Ave.	Contributor Apartment or Suite Number Suite 1850	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181005		(%) Contribution Amount* \$10,000.00



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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>Bob</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Ward</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Bob	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Ward											
Contributor Title	Contributor First Name*																		
	Bob																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Ward																			
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>1707 Romeria Dr.</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>78757</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Self</td><td colspan="2">Self</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		1707 Romeria Dr.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78757	Contributor Employer*	Contributor Occupation*		Self	Self	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
1707 Romeria Dr.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78757																	
Contributor Employer*	Contributor Occupation*																		
Self	Self																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181001</td><td>\$50.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181001	\$50.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20181001	\$50.00																		



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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>Gary</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td>Keller</td><td>Contributor Suffix</td></tr></table>	Contributor Title	Contributor First Name*		Gary	Organization Name or Contributor Last Name, as applicable*		Keller	Contributor Suffix																
Contributor Title	Contributor First Name*																								
	Gary																								
Organization Name or Contributor Last Name, as applicable*																									
Keller	Contributor Suffix																								
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">1221 S Mopac Expy</td><td colspan="2">Ste. 400</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Keller Williams Realty</td><td colspan="2">Owner</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1221 S Mopac Expy		Ste. 400		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746	Contributor Employer*		Contributor Occupation*		Keller Williams Realty		Owner	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1221 S Mopac Expy		Ste. 400																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746																						
Contributor Employer*		Contributor Occupation*																							
Keller Williams Realty		Owner																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181002</td><td>\$2,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181002	\$2,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20181002	\$2,000.00																								



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*
	<input checked="" type="checkbox"/> Contributor is an individual		John
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Pitts	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		1703 Mohle Dr.	
		Contributor City*	Contributor State* Contributor Zip Code*
		Austin	TX 78703
		Contributor Employer*	Contributor Occupation*
		John R Pitts Jr LLC	Consultant
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		20181003	\$100.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* One Gas Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 21049	Contributor Apartment or Suite Number 	Contributor City* Tulsa
	Contributor State* OK	Contributor Zip Code* 74121	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181004	(\$) Contribution Amount* \$2,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Balcones Resources, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1408 Eva St.	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code*
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181004	(\$) Contribution Amount* \$1,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Driftwood Historical Conservation Society		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 9	Contributor Apartment or Suite Number 	Contributor City* Driftwood
	Contributor State* TX	Contributor Zip Code* 78619	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181003	(\$) Contribution Amount* \$1,000.00	



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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>Jon</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Beall</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Jon	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Beall											
Contributor Title	Contributor First Name*																		
	Jon																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Beall																			
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>2503 Flora Cv.</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>78746</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>TDI</td><td colspan="2">Self</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		2503 Flora Cv.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78746	Contributor Employer*	Contributor Occupation*		TDI	Self	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
2503 Flora Cv.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78746																	
Contributor Employer*	Contributor Occupation*																		
TDI	Self																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181005</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181005	\$1,000.00														
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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Evan
		Organization Name or Contributor Last Name, as applicable* Taniguchi	Contributor Suffix
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1609 W. 6th St.	Contributor Apartment or Suite Number
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78703	
		Contributor Employer* Taniguchi Architects	Contributor Occupation* Owner
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181002	(\$) Contribution Amount* \$200.00



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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>Lew</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Little</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Lew	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Little											
Contributor Title	Contributor First Name*																		
	Lew																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Little																			
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>2806 Stratford Dr.</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>78746</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Covenant Surgical Partners</td><td colspan="2">Healthcare Executive</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		2806 Stratford Dr.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78746	Contributor Employer*	Contributor Occupation*		Covenant Surgical Partners	Healthcare Executive	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
2806 Stratford Dr.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78746																	
Contributor Employer*	Contributor Occupation*																		
Covenant Surgical Partners	Healthcare Executive																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181007</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181007	\$1,000.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20181007	\$1,000.00																		



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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* Texas Disposal Systems, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 17126	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78760
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181003	(\$) Contribution Amount* \$1,000.00	



Report Of Direct Campaign Expenditures: Schedule ATX.1

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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Scott	Organization Name or Contributor Last Name, as applicable* Morehead	Contributor Suffix
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4513 Rowood Rd.		Contributor Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78722
		Contributor Employer* Woods Prairie		Contributor Occupation* Consultant	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181009		(\$) Contribution Amount* \$50.00	



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table border="1"><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Robert</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Lee</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Robert	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Lee																	
Contributor Title	Contributor First Name*																								
	Robert																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Lee																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">504 W. 24th St.</td><td colspan="2">Ste. E</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">78705</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Pearlstone Partners</td><td colspan="2">Chief Executive Officer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		504 W. 24th St.		Ste. E		Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78705		Contributor Employer*		Contributor Occupation*		Pearlstone Partners		Chief Executive Officer	
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3 CONTRIBUTION DETAILS	<table border="1"><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181009</td><td>\$2,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181009	\$2,000.00																				
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