



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 16 '18 PM4:44

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Together PAC</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>P.O. Box 685008</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>20181018</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: 10/18/18

[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

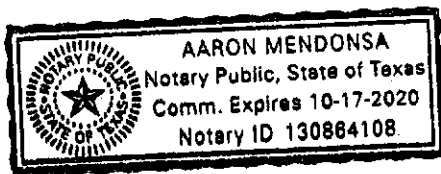
Jovita Pardo

On the 18th day of October, 2018, to certify which witness my hand and official seal.

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

Aaron Mendonca

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* Travis County Democratic Party		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1311 E. 6th St.	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702
3	EXPENDITURE DETAILS	Category* Consulting Expense	(\$) Expenditure Amount* \$4,500.00	
		Description (If Category is "Other")	Expenditure Date* 20181017	

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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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* City Lights Group		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1605 Kerr Dr.	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$27,291.00	
		Description (If Category is "Other")	Expenditure Date* 20181015	

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.
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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Austin Chronicle		
2	PAYEE ADDRESS	Payee Address/ PO Box* P.O. Box 4189	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78765
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$1,545.00	
		Description (If Category is "Other")	Expenditure Date* 20181015	

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 checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* David Organization Name or Payee Last Name, as applicable* Butts Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 1905 Patton Ln. Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78723
3	EXPENDITURE DETAILS	Category* Consulting Expense (\$) Expenditure Amount* \$4,500.00 Description (If Category is "Other") Expenditure Date* 20181017

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			

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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Blaine</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Bull</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Blaine	Organization Name or Contributor Last Name, as applicable*		Bull		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Blaine																								
Organization Name or Contributor Last Name, as applicable*																									
Bull																									
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">2909 Montebello Ct</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>78746</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Vianovo</td><td colspan="2">Owner</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2909 Montebello Ct				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746	Contributor Employer*		Contributor Occupation*		Vianovo		Owner	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2909 Montebello Ct																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746																						
Contributor Employer*		Contributor Occupation*																							
Vianovo		Owner																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181010</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181010	\$500.00																				
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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* P.O. Box 49712 Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78765 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181012	(\$) Contribution Amount* \$250.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* SXSW LLC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 685289 Contributor City* Austin Contributor Employer* Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78768 Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181011	(\$) Contribution Amount* \$5,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Catellus Development Corporation	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 66 Franklin St. Contributor City* Oakland Contributor Employer* 	Contributor Apartment or Suite Number Ste. 200 Contributor State* CA Contributor Zip Code* 94607 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181010	(\$) Contribution Amount* \$10,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="One Gas, Inc."/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="P.O. Box 21049"/>	Contributor Apartment or Suite Number <input type="text"/>	
	Contributor City* <input type="text" value="Tulsa"/>	Contributor State* <input type="text" value="OK"/>	Contributor Zip Code* <input type="text" value="74121"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181015"/>		(\$) Contribution Amount* <input type="text" value="\$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* <div>Lockwood Andrews & Newman</div>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>66 Franklin St.</div> Contributor City* <div>Oakland</div> Contributor Employer* <div></div>	Contributor Apartment or Suite Number <div></div> Contributor State* <div>CA</div> Contributor Zip Code* <div>94607</div> Contributor Occupation* <div></div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20181016</div>	(\$) Contribution Amount* <div>\$5,000.00</div>



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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>David</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td>King</td><td>Contributor Suffix</td></tr><tr><td></td><td></td></tr></table>	Contributor Title	Contributor First Name*		David	Organization Name or Contributor Last Name, as applicable*		King	Contributor Suffix																
Contributor Title	Contributor First Name*																								
	David																								
Organization Name or Contributor Last Name, as applicable*																									
King	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">1808 Kerr Ave.</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>78704</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">None</td><td colspan="2">Retired</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1808 Kerr Ave.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78704	Contributor Employer*		Contributor Occupation*		None		Retired	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1808 Kerr Ave.																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78704																						
Contributor Employer*		Contributor Occupation*																							
None		Retired																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181017</td><td>\$50.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181017	\$50.00																				
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Add Another Contribution Page