



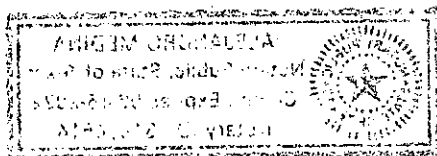
Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

FILED IN THE OFFICE OF CITY CLERK ☐ Office Use Only
ON 18th DAY OF OCT 2018
AT 10:51 AM
JS
CITY CLERK

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* No on Prop J PAC																
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2">815A Brazos St.</td><td colspan="2">175</td></tr><tr><td>City*</td><td>State*</td><td colspan="2">Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78701</td></tr></table>	Address/ PO Box*		Apartment or Suite Number		815A Brazos St.		175		City*	State*	Zip Code*		Austin	TX	78701	
Address/ PO Box*		Apartment or Suite Number															
815A Brazos St.		175															
City*	State*	Zip Code*															
Austin	TX	78701															
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td>Ms</td><td>Angela</td><td></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2">De Hoyos Hart</td><td></td></tr></table>	Title	First Name	Middle Initial	Ms	Angela		Last Name		Suffix	De Hoyos Hart						
Title	First Name	Middle Initial															
Ms	Angela																
Last Name		Suffix															
De Hoyos Hart																	
4 COMMITTEE TREASURER ADDRESS (if applicable)	<table><tr><td colspan="2">Address/ PO Box</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2">4900 Dry Oak Trail</td><td colspan="2"></td></tr><tr><td>City</td><td>State</td><td colspan="2">Zip Code</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78749</td></tr></table>	Address/ PO Box		Apartment or Suite Number		4900 Dry Oak Trail				City	State	Zip Code		Austin	TX	78749	
Address/ PO Box		Apartment or Suite Number															
4900 Dry Oak Trail																	
City	State	Zip Code															
Austin	TX	78749															
5 REPORT DATE	Date Filed (yyyymmdd)* 20181018																

* Indicates a required field





FILED IN THE OFFICE OF THE CLERK
**Report Of Direct Campaign
Expenditures: Schedule ATX.1**
(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:

10/18/18

[Signature]

AFFIANT'S SIGNATURE

ANGELA DE HOYOS HART

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Angela De Hoyos Hart

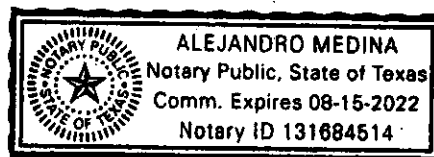
On the 19th day of October, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td>Mr</td><td>Patrick</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Goetz</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr	Patrick	Organization Name or Contributor Last Name, as applicable*		Goetz		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Mr	Patrick																								
Organization Name or Contributor Last Name, as applicable*																									
Goetz																									
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">503 Nelray Blvd</td><td colspan="2">Unit 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">78751</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">University of Texas</td><td colspan="2">Professor</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		503 Nelray Blvd		Unit E		Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78751		Contributor Employer*		Contributor Occupation*		University of Texas		Professor	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
503 Nelray Blvd		Unit E																							
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78751																							
Contributor Employer*		Contributor Occupation*																							
University of Texas		Professor																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180927</td><td>\$52.95</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180927	\$52.95																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20180927	\$52.95																								



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <div>Mr Dick</div> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <div>Kallerman </div>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <div>2510 Cedarview </div> Contributor City* Contributor State* Contributor Zip Code* <div>Austin TX 78704</div> Contributor Employer* Contributor Occupation* <div>Retired Retired</div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <div>20180927 \$52.95</div>



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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td>Mr.</td><td>David</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Sullivan</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr.	David	Organization Name or Contributor Last Name, as applicable*		Sullivan		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Mr.	David																								
Organization Name or Contributor Last Name, as applicable*																									
Sullivan																									
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">1710 Waterston Ave</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">78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">University of Texas</td><td colspan="2">Researcher</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1710 Waterston Ave				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*		Contributor Occupation*		University of Texas		Researcher	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1710 Waterston Ave																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
Contributor Employer*		Contributor Occupation*																							
University of Texas		Researcher																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(%) Contribution Amount*</td></tr><tr><td>20180927</td><td>\$104.53</td></tr></table>	Contribution Date (yyyymmdd)*	(%) Contribution Amount*	20180927	\$104.53																				
Contribution Date (yyyymmdd)*	(%) Contribution Amount*																								
20180927	\$104.53																								



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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td>Mr</td><td>Chris</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Wojtewicz</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr	Chris	Organization Name or Contributor Last Name, as applicable*		Wojtewicz		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Mr	Chris																								
Organization Name or Contributor Last Name, as applicable*																									
Wojtewicz																									
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">8409 Adirondack Trail</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">78759</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Army National Guard</td><td colspan="2">Management Analyst</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		8409 Adirondack Trail				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78759		Contributor Employer*		Contributor Occupation*		Army National Guard		Management Analyst	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
8409 Adirondack Trail																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78759																							
Contributor Employer*		Contributor Occupation*																							
Army National Guard		Management Analyst																							
3. CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180920</td><td>\$21.37</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180920	\$21.37																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20180920	\$21.37																								



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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td>Mr.</td><td>Matthew</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Borah</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr.	Matthew	Organization Name or Contributor Last Name, as applicable*		Borah		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Mr.	Matthew																								
Organization Name or Contributor Last Name, as applicable*																									
Borah																									
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">505 E. Mary St</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">78704</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Locke Lord</td><td colspan="2">Senior Counsel</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		505 E. Mary St				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78704		Contributor Employer*		Contributor Occupation*		Locke Lord		Senior Counsel	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
505 E. Mary St																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78704																							
Contributor Employer*		Contributor Occupation*																							
Locke Lord		Senior Counsel																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20180920</td><td>\$316.11</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20180920	\$316.11																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20180920	\$316.11																								



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr.	Contributor First Name* John-Michael	Organization Name or Contributor Last Name, as applicable* Cortez	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2401 Moreno St.	Contributor Apartment or Suite Number	Contributor City* Austin	Contributor State* TX
	Contributor Employer* City of Austin	Contributor Zip Code* 78723	Contributor Occupation* Special Assistant	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180919	(\$) Contribution Amount* \$100.00		



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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td>Mr.</td><td>Brendan</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Wittstruck</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr.	Brendan	Organization Name or Contributor Last Name, as applicable*		Wittstruck		Contributor Suffix															
Contributor Title	Contributor First Name*																								
Mr.	Brendan																								
Organization Name or Contributor Last Name, as applicable*																									
Wittstruck																									
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">4609 Parkwood Rd</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">78722</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Asakura Robinson</td><td colspan="2">Urban Designer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4609 Parkwood Rd				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78722		Contributor Employer*		Contributor Occupation*		Asakura Robinson		Urban Designer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4609 Parkwood Rd																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78722																							
Contributor Employer*		Contributor Occupation*																							
Asakura Robinson		Urban Designer																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181001</td><td>\$150.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181001	\$150.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20181001	\$150.00																								



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr. Contributor First Name* John-Michael Organization Name or Contributor Last Name, as applicable* Cortez Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2401 Moreno Street Contributor City* Austin Contributor Employer* City of Austin Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78723 Contributor Occupation* Special Assistant
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181009 (\$) Contribution Amount* \$1,000.00

Add Another Contribution Page