



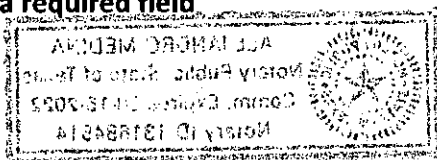
# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>No on Prop J PAC</div> <div>OCC RECEIVED AT OCT 19 '18 PM4:24</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>815A Brazos Street #175</div> <b>Apartment or Suite Number</b> <div></div> <b>City*</b> <div>Austin</div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78701</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div>Mrs</div> <b>First Name</b> <div>Angela</div> <b>Middle Initial</b> <div></div> <b>Last Name</b> <div>De Hoyos Hart</div> <b>Suffix</b> <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>4900 Dry Oak Trail</div> <b>Apartment or Suite Number</b> <div></div> <b>City</b> <div>Austin</div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78749</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20181019</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: 10/19/18

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

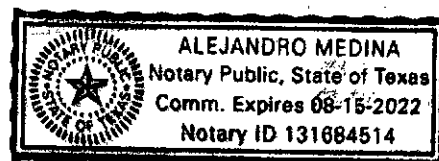
Angela De Hoyos Hart

On the 19<sup>th</sup> 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







# Report Of Direct Campaign Expenditures: Schedule ATX.1

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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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>Greg</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Anderson</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*	Mr.	Greg	Organization Name or Contributor Last Name, as applicable*		Anderson		Contributor Suffix															
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Contributor Suffix																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2235 E 6th</td><td colspan="2">#301</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>TN</td><td>78702</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Habitat for Humanity</td><td colspan="2">Affordable Housing</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2235 E 6th		#301		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TN	78702	Contributor Employer*		Contributor Occupation*		Habitat for Humanity		Affordable Housing	
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Austin		TN	78702																						
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Habitat for Humanity		Affordable Housing																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<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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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181015</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181015	\$500.00																				
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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Mr	Contributor First Name* Mark		
	Organization Name or Contributor Last Name, as applicable* Yznaga		Contributor Suffix 	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2401 Briargrove		Contributor Apartment or Suite Number 	
	Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78704
	Contributor Employer* Self		Contributor Occupation* Consultant	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181016		(\$) Contribution Amount* \$475.00	

Add Another Contribution Page