



Report Of Direct Campaign Expenditures: Schedule ATX.1

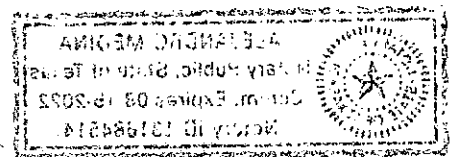
(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 26 '18 AM 11:58

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Yes On Prop K PAC</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>806 Jewell St</div> Apartment or Suite Number <div></div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78704</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Michael</div> Middle Initial <div></div> Last Name <div>Searle</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div></div> Apartment or Suite Number <div></div> City <div></div> State <div></div> Zip Code <div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181024</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: 10/26/2018

[Signature]
AFFIANT'S SIGNATURE

Michael Searle
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

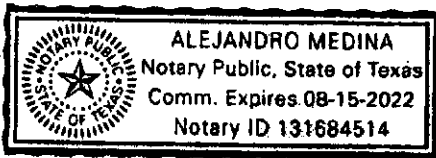
This instrument was acknowledged, sworn to and subscribed before me by

Michael Searle

On the 26 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



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>Thomas Graphics</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>P.O. Box 142226</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78714</div>
3 EXPENDITURE DETAILS	Category* <div>Printing Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$784.81</div> Expenditure Date* <div>20181015</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* <div>Benezet Consulting, LLC</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>3800 Creek Rd</div> Payee City* <div>Dripping Springs</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78620</div>
3 EXPENDITURE DETAILS	Category* <div>Salaries/Wages/Contract labor</div> Description (If Category is "Other") <div>Consulting and Labor</div>		(\$). Expenditure Amount* <div>\$5,000.00</div> Expenditure Date* <div>20181015</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* Local Voice Solutions, LLC		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3800 Thompson St	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$2,500.00	
		Description (If Category is "Other") Radio Ad Buy	Expenditure Date* 20181019	

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)
Proposition K - Support			



Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]



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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* Rumble Up		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2021 L St NW	Payee Apartment or Suite Number	
		Payee City* Washington	Payee State* DC	Payee Zip Code* 20037
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$2,635.00	
		Description (If Category is "Other") Text Messaging Program	Expenditure Date* 20181022	

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)
Proposition K - Support			



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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	<div>Contributor Title Contributor First Name*</div> <div><input type="text"/></div> <div>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</div> <div><input type="text"/></div>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<div>Contributor Address/ PO Box* Contributor Apartment or Suite Number</div> <div><input type="text"/></div> <div>Contributor City* Contributor State* Contributor Zip Code*</div> <div><input type="text"/></div> <div>Contributor Employer* Contributor Occupation*</div> <div><input type="text"/></div>
3 CONTRIBUTION DETAILS	<div>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</div> <div><input type="text"/></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>Bryan</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Hardeman</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Bryan	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Hardeman																	
Contributor Title	Contributor First Name*																								
	Bryan																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Hardeman																									
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">6757 Airport Blvd</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">78752</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self</td><td colspan="2">Sales</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		6757 Airport Blvd				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78752		Contributor Employer*		Contributor Occupation*		Self		Sales	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
6757 Airport Blvd																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78752																							
Contributor Employer*		Contributor Occupation*																							
Self		Sales																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181012</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181012	\$5,000.00																				
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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>Ellen</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Troxclair</td></tr><tr><td colspan="2">Contributor Suffix.</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Ellen	Organization Name or Contributor Last Name, as applicable*		Troxclair		Contributor Suffix.															
Contributor Title	Contributor First Name*																								
	Ellen																								
Organization Name or Contributor Last Name, as applicable*																									
Troxclair																									
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">1500 Surrey Hill 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">78746</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self</td><td colspan="2">Realtor</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1500 Surrey Hill Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78746		Contributor Employer*		Contributor Occupation*		Self		Realtor	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1500 Surrey Hill Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78746																							
Contributor Employer*		Contributor Occupation*																							
Self		Realtor																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181017</td><td>\$2,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181017	\$2,500.00																				
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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>Brian</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Rodgers</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Brian	Organization Name or Contributor Last Name, as applicable*		Rodgers		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Brian																								
Organization Name or Contributor Last Name, as applicable*																									
Rodgers																									
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">1112 West 9th 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">78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Rodger & Reichle Inc</td><td colspan="2">Real Estate Investment</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1112 West 9th St				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*		Contributor Occupation*		Rodger & Reichle Inc		Real Estate Investment	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1112 West 9th St																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
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Add Another Contribution Page