



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: 10/26/18

[Signature]

AFFIANT'S SIGNATURE

ANGELA DEHOYOS HART

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Angela De Hoyos Hart

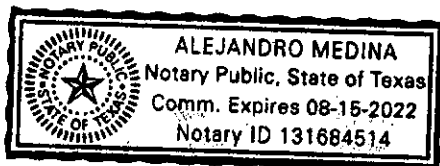
On the 26 day of October, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





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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* ProGraphix		
2	PAYEE ADDRESS	Payee Address/ PO Box* 807 Stark	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78756
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$2,592.59	
		Description (If Category is "Other") 	Expenditure Date* 20181024	

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)
Oppose Prop J			



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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austin Chamber of Commerce		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 535 East 5th	Contributor Apartment or Suite Number 	Contributor City* Austin
	Contributor State* TX	Contributor Zip Code* 78701	Contributor Employer* Austin Chamber of Commerce
	Contributor Occupation* Commerce		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181019	(\$) Contribution Amount* \$5,000.00	

Add Another Contribution Page