



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT  
OCT 26 '18 PM4:02

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Texas Vote Environment</div>														
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>600 W. 28th St</div> <b>City*</b> <div>Austin</div>	<b>Apartment or Suite Number</b> <div>202</div> <b>State*</b> <div>TX</div>	<b>Zip Code*</b> <div>78705</div>												
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<table><tr><td><b>Title</b></td><td><b>First Name</b></td><td><b>Middle Initial</b></td></tr><tr><td></td><td>David</td><td></td></tr><tr><td><b>Last Name</b></td><td colspan="2"><b>Suffix</b></td></tr><tr><td>Foster</td><td colspan="2"></td></tr></table>			<b>Title</b>	<b>First Name</b>	<b>Middle Initial</b>		David		<b>Last Name</b>	<b>Suffix</b>		Foster		
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<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20181026</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: 10-26-18

David Foster

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

David Foster

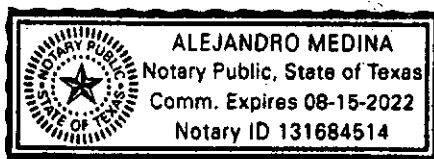
On the 26 day of October, 2018, to certify which witness my hand and official seal.

Alejandro Medina

[Signature]

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* US Postmaster		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 8225 Cross Park Drive	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78710
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Other (use Description field)	(\$ ) Expenditure Amount* \$2,107.83	
		Description (If Category is "Other") Postage	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)
Levinski	Bobby	City Council District 8	

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Linda  Organization Name or Contributor Last Name, as applicable* Bailey Contributor Suffix
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4104 Turkey Creek Dr Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78730 Contributor Employer* Retired Contributor Occupation* Retired
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181017 (\$ ) Contribution Amount* \$3,000.00



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<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></td><td>Kirk</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Mitchell</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Kirk	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Mitchell											
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	Kirk																		
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Austin	TX	78705																	
Contributor Employer*	Contributor Occupation*																		
Self	Securities Investor																		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181015</td><td>\$3,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181015	\$3,000.00														
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20181015	\$3,000.00																		

Add Another Contribution Page