



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 26 '18 PM4:39

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Citizens for Truthful Petitions</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>1507 W. 6th St.</div> Apartment or Suite Number <div></div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78703</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Mrs.</div> First Name <div>Janis</div> Middle Initial <div></div> Last Name <div>Pinnelli</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>1507 W. 6th St.</div> Apartment or Suite Number <div></div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78703</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <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

[Signature]
AFFIANT'S SIGNATURE

Jovita Pardo
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Jovita Pardo

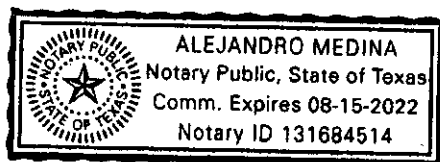
On the 26 day of October, 2018, to certify which witness my hand and official seal.

[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* <div>GNI Strategies</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>P.O. Box 685008</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78768</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$1,500.00</div> Expenditure Date* <div>20181023</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.
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>Austin Chronicle</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>P.O. Box 4189</div>	Payee Apartment or Suite Number <div></div>	
	Payee City* <div>Austin</div>	Payee State* <div>TX</div>	Payee Zip Code* <div>78765</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div>	(\$) Expenditure Amount* <div>\$1,545.00</div>	
	Description (If Category is "Other") <div></div>	Expenditure Date* <div>20181024</div>	

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 Proposition K			



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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* CheckMark Typesetting			
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 N IH-35	Payee Apartment or Suite Number Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$1,528.14		
		Description (If Category is "Other") 	Expenditure Date* 20181025		

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)
Opposed Proposition K			



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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Lemuel</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Johnson</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Lemuel	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Johnson											
Contributor Title	Contributor First Name*																		
	Lemuel																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Johnson																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>11913 Hornsby St.</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78753</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>HOW Photography</td><td colspan="2">Web</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		11913 Hornsby St.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78753	Contributor Employer*	Contributor Occupation*		HOW Photography	Web	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
11913 Hornsby St.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78753																	
Contributor Employer*	Contributor Occupation*																		
HOW Photography	Web																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181022</td><td>\$58.21</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181022	\$58.21														
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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Terrell
		Organization Name or Contributor Last Name, as applicable* Blodgett	Contributor Suffix
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4100 Jackson Ave.	Contributor Apartment or Suite Number #250
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78731	
		Contributor Employer* None	Contributor Occupation* Retired
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181022	(\$) Contribution Amount* \$105.58



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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>Frances</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Ferguson</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Frances	Organization Name or Contributor Last Name, as applicable*		Ferguson		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Frances																								
Organization Name or Contributor Last Name, as applicable*																									
Ferguson																									
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">1013 Harwood Place</td><td colspan="2"></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>TX</td><td>78704</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">NeighborWorks America</td><td colspan="2">National Real Estate Programs</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1013 Harwood Place				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78704	Contributor Employer*		Contributor Occupation*		NeighborWorks America		National Real Estate Programs	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1013 Harwood Place																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78704																						
Contributor Employer*		Contributor Occupation*																							
NeighborWorks America		National Real Estate Programs																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181022</td><td>\$26.63</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181022	\$26.63																				
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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>Susan</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td>Moffat</td><td>Contributor Suffix</td></tr></table>	Contributor Title	Contributor First Name*		Susan	Organization Name or Contributor Last Name, as applicable*		Moffat	Contributor Suffix																
Contributor Title	Contributor First Name*																								
	Susan																								
Organization Name or Contributor Last Name, as applicable*																									
Moffat	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">1013 Harwood Place</td><td colspan="2"></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>TX</td><td>78704</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">Writer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1013 Harwood Place				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78704	Contributor Employer*		Contributor Occupation*		Self		Writer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1013 Harwood Place																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78704																						
Contributor Employer*		Contributor Occupation*																							
Self		Writer																							
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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Sarah
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Organization Name or Contributor Last Name, as applicable* Searcy	Contributor Suffix
3	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1180 1/2 Sol Wilson Ave.	Contributor Apartment or Suite Number
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78702	
		Contributor Employer* Charles Schwab Creative Center	Contributor Occupation* Editor
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* 20181024	(\$ Contribution Amount* \$52.95



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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>Anthony</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Haley</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Anthony	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Haley																	
Contributor Title	Contributor First Name*																								
	Anthony																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Haley																									
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">1212 Guadalupe St.</td><td colspan="2"></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>TX</td><td>78702</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Charles Schwab</td><td colspan="2">Editor</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1212 Guadalupe St.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78702	Contributor Employer*		Contributor Occupation*		Charles Schwab		Editor	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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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">2303 Sunny Slope Dr.</td><td colspan="2"></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>TX</td><td>78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">None</td><td colspan="2">Retired</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2303 Sunny Slope Dr.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78703	Contributor Employer*		Contributor Occupation*		None		Retired	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Greg Organization Name or Contributor Last Name, as applicable* Casar Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 300 W. Skyview Rd. Contributor City* Austin Contributor Employer* City of Austin Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78752 Contributor Occupation* Council Member
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181026 (\$) Contribution Amount* \$210.84



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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>Margaret</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Menicunni</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Margaret	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Menicunni											
Contributor Title	Contributor First Name*																		
	Margaret																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Menicunni																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>4600 Laural Canyon Dr.</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78731</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Braun & Gresham</td><td colspan="2">Attorney</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		4600 Laural Canyon Dr.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78731	Contributor Employer*	Contributor Occupation*		Braun & Gresham	Attorney	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
4600 Laural Canyon Dr.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78731																	
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20181023	\$250.00																		

Add Another Contribution Page