



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 PM4:39

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Together PAC</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>604 W. 11th St.</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78701</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Ms.</div> First Name <div>Brandi</div> Middle Initial <div>C</div> Last Name <div>Burton</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>604 W. 11th St.</div> City <div>Austin</div> Apartment or Suite Number <div></div> State <div>TX</div> Zip Code <div>78701</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

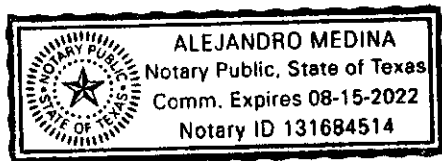
On the 26 day of October, 2018, to certify which witness my hand and official seal.

[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 style="border: 1px solid black; padding: 2px;">Austin Chronicle</div>
2	PAYEE ADDRESS	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Payee Address/ PO Box* <div style="border: 1px solid black; padding: 2px;">P.O. Box 4189</div> </div> <div style="width: 35%;"> Payee Apartment or Suite Number <div style="border: 1px solid black; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;"> Payee City* <div style="border: 1px solid black; padding: 2px;">Austin</div> </div> <div style="width: 15%;"> Payee State* <div style="border: 1px solid black; padding: 2px;">TX</div> </div> <div style="width: 45%;"> Payee Zip Code* <div style="border: 1px solid black; padding: 2px;">78765</div> </div> </div>
3	EXPENDITURE DETAILS	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Category* <div style="border: 1px solid black; padding: 2px;">Advertising Expense</div> </div> <div style="width: 35%;"> (\$) Expenditure Amount* <div style="border: 1px solid black; padding: 2px;">\$1,545.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Description (If Category is "Other") <div style="border: 1px solid black; height: 20px;"></div> </div> <div style="width: 35%;"> Expenditure Date* <div style="border: 1px solid black; padding: 2px;">20181023</div> </div> </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)
Support Proposition A			
Support Proposition B			
Support Proposition C			
Support Proposition D			
Support Proposition E			
Support Proposition F			
Support Proposition G			



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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* Facebook		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1601 Willow Road	Payee Apartment or Suite Number	
		Payee City* Menlo Park	Payee State* CA	Payee Zip Code* 94025
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$2.36	
		Description (If Category is "Other")	Expenditure Date* 20181018	

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)
Support Proposition A			
Support Proposition B			
Support Proposition C			
Support Proposition D			
Support Proposition E			
Support Proposition F			
Support Proposition G			

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.

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Ascension	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4040 Vincennes Circle	Contributor Apartment or Suite Number Contributor City* Indianapolis
	Contributor State* IN	Contributor Zip Code* 46268
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181019	(\$) Contribution Amount* \$2,500.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Surveying and Mapping LLC</div>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>4801 Southwest Parkway</div> Contributor City* <div>Austin</div> Contributor Employer* <div></div>	Contributor Apartment or Suite Number <div>Parkway Two, Suite 100</div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78735</div> Contributor Occupation* <div></div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20181019</div>	(\$) Contribution Amount* <div>\$1,000.00</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>Brian</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Dolezal</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Brian	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Dolezal											
Contributor Title	Contributor First Name*																		
	Brian																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Dolezal																			
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>1309 Norwood Rd.</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>78722</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Catellus</td><td colspan="2">Vice President Marketing & Communications</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		1309 Norwood Rd.			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78722	Contributor Employer*	Contributor Occupation*		Catellus	Vice President Marketing & Communications	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
1309 Norwood Rd.																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78722																	
Contributor Employer*	Contributor Occupation*																		
Catellus	Vice President Marketing & Communications																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181019</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181019	\$500.00														
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20181019	\$500.00																		



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* CP&Y, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1820 Regal Row Contributor City* Dallas Contributor Employer* 	Contributor Apartment or Suite Number Ste. 200 Contributor State* TX Contributor Zip Code* 75235 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181019	(\$) Contribution Amount* \$1,000.00



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Julie
		Organization Name or Contributor Last Name, as applicable* Harrod	Contributor Suffix
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 305 E. Huntland Dr.	Contributor Apartment or Suite Number
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78752	
		Contributor Employer* MWM Design Group	Contributor Occupation* Engineer
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181020	(\$) Contribution Amount* \$200.00



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Jeff
		Organization Name or Contributor Last Name, as applicable* Coddington	Contributor Suffix
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 5002	Contributor Apartment or Suite Number
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78763	
		Contributor Employer* JLL	Contributor Occupation* Consultant
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181022	(\$) Contribution Amount* \$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>Douglas</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Manchester</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Douglas	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Manchester											
Contributor Title	Contributor First Name*																		
	Douglas																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Manchester																			
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>101 Red River St.</td><td colspan="2">Level 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>78701</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Manchester Financial Group</td><td colspan="2">Real Estate Development</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		101 Red River St.	Level 2		Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78701	Contributor Employer*	Contributor Occupation*		Manchester Financial Group	Real Estate Development	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
101 Red River St.	Level 2																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78701																	
Contributor Employer*	Contributor Occupation*																		
Manchester Financial Group	Real Estate Development																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181025</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181025	\$5,000.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20181025	\$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>Ruthann</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix¹</td></tr><tr><td>Rushing</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Ruthann	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix ¹	Rushing											
Contributor Title	Contributor First Name*																		
	Ruthann																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix ¹																		
Rushing																			
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>130 World of Tennis SQ</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Lakeway</td><td>TX</td><td>78736</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>None</td><td colspan="2">Retired</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		130 World of Tennis SQ			Contributor City*	Contributor State*	Contributor Zip Code*	Lakeway	TX	78736	Contributor Employer*	Contributor Occupation*		None	Retired	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
130 World of Tennis SQ																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Lakeway	TX	78736																	
Contributor Employer*	Contributor Occupation*																		
None	Retired																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181012</td><td>\$25.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181012	\$25.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
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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>Arnold</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Garcia</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Arnold	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Garcia											
Contributor Title	Contributor First Name*																		
	Arnold																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Garcia																			
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>P.O. Box 2287</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>78768</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Self</td><td colspan="2">Attorney</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		P.O. Box 2287			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78768	Contributor Employer*	Contributor Occupation*		Self	Attorney	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
P.O. Box 2287																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78768																	
Contributor Employer*	Contributor Occupation*																		
Self	Attorney																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181012</td><td>\$100.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181012	\$100.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20181012	\$100.00																		

Add Another Contribution Page