



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Megaphone <div style="text-align: right;">OCC RECEIVED AT OCT 29 '18 PM2:28</div>														
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO BOX 341028 City* AUSTIN		Apartment or Suite Number State* TX Zip Code* 78734												
3 COMMITTEE TREASURER NAME (if applicable)	<table border="0"><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td></td><td>LUKE</td><td></td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td>MCALPIN</td><td colspan="2"></td></tr></table>			Title	First Name	Middle Initial		LUKE		Last Name	Suffix		MCALPIN		
Title	First Name	Middle Initial													
	LUKE														
Last Name	Suffix														
MCALPIN															
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box PO BOX 341028 City AUSTIN		Apartment or Suite Number State TX Zip Code 78734												
5 REPORT DATE	Date Filed (yyyymmdd)* 20181029														

* 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/ /2018

AFFIANT'S SIGNATURE

Luke McAlpin

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

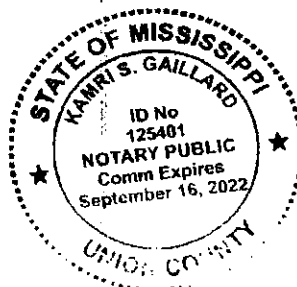
Luke Burris McAlpin

On the 29th day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Mississippi

Typed or Printed Name of Notary





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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>Robert</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Epstein</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Robert	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Epstein											
Contributor Title	Contributor First Name*																		
	Robert																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Epstein																			
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>5000 Plaza on the Lake</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>78746</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>PCM LLC</td><td colspan="2">General Partner</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		5000 Plaza on the Lake			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78746	Contributor Employer*	Contributor Occupation*		PCM LLC	General Partner	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
5000 Plaza on the Lake																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78746																	
Contributor Employer*	Contributor Occupation*																		
PCM LLC	General Partner																		
3 CONTRIBUTOR DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181017</td><td>\$20,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181017	\$20,000.00														
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