



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
OCT 31 '18 PM3:55

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Keep Austin Affordable</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>P.O. Box 1136</div> Apartment or Suite Number <div></div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78767</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Ed</div> Middle Initial <div></div> Last Name <div>McHorse</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>600 Congress Ave</div> Apartment or Suite Number <div></div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181031</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: 10-31-18

AFFIANT'S SIGNATURE

Edward McHorse

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Edward McHorse

On the 31st day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Britt Steffensen

Typed or Printed Name of Notary



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>PO Box 4189</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78765</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div>Print Advertising</div>		(\$) Expenditure Amount* <div>\$3,090.00</div> Expenditure Date* <div>20181030</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



Revised 8/4/2016
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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* Lyft		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 185 Berry Street	Contributor Apartment or Suite Number Suite 5000	
	Contributor City* San Francisco	Contributor State* CA	Contributor Zip Code* 94107
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181030		(S) Contribution Amount* \$10,000.00

Add Another Contribution Page