



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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NOV 1 '18 PM2:34

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austinites for Affordability</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<div>Address/ PO Box*<div>P.O. Box 90591</div></div> <div>Apartment or Suite Number<div></div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78709</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div>Title<div></div></div> <div>First Name<div>Joseph</div></div> <div>Middle Initial<div></div></div> <div>Last Name<div>Martinez</div></div> <div>Suffix<div></div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div>Address/ PO Box<div>11121 Avery Station Loop</div></div> <div>Apartment or Suite Number<div></div></div> <div>City<div>Austin</div></div> <div>State<div>TX</div></div> <div>Zip Code<div>78717</div></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.

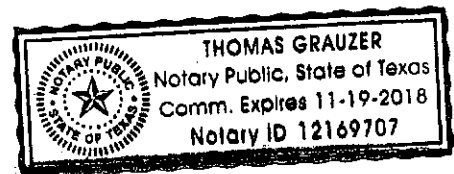
DATE: 11-18

[Signature]
AFFIANT'S SIGNATURE

Susan Henry
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS



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

Susan Henry

On the 1st day of November, 2018, to certify which witness my hand and official seal.

Thomas A. Grauer

Notary Public in and for the State of Texas

Thomas A. Grauer

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* City Lights Group		
2 PAYEE ADDRESS	Payee Address/ PO Box* 1605 Kerr Street	Payee Apartment or Suite Number 	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78704
3 EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$5,000.00	
	Description (If Category is "Other") Digital Advertising	Expenditure Date* 20181030	

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)
Renteria (support)	Sabino	City Council, District 3	City Council, District 3



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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	Contributor Title 	Contributor First Name* Carter	Organization Name or Contributor Last Name, as applicable* Sackman	Contributor Suffix 	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2308 Holly St	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78702
		Contributor Employer* Sackman Enterprises	Contributor Occupation* President			
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181029	(\$) Contribution Amount* \$5,263.47			

Add Another Contribution Page

**POLITICAL COMMITTEE
DAILY PRE-ELECTION REPORT OF CONTRIBUTIONS**

FORM DAILY-C PAC

1 Filer ID (Ethics Commission Filers) 00083050		2 Total pages filed: 1 of 2		OFFICE USE ONLY	
3 COMMITTEE NAME Austinites for Affordability				Date Received ELECTRONICALLY FILED 10/30/2018	
4 CAMPAIGN TREASURER NAME		MS/MRS/MR Mr.	FIRST Joseph	MI	
		NICKNAME	LAST Martinez	SUFFIX	
5 CAMPAIGN TREASURER MAILING ADDRESS		Date Hand-delivered for processing			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 90591 Austin, TX 78709		Receipt # Amount Date Processed Date Imaged			

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 2/2
2 FILER NAME Austinites for Affordability		3 Filer ID (Ethics Commission Filers) 00083050
4 Date 10/29/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sackman, Carter	7 Amount of Contribution (\$) \$5,263.47
	6 Contributor address; City; State; Zip Code 2308 Holly St. Austin, TX 78702	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Sackman Enterprises