



# Pre-Election Report Candidates and Officeholders Form ATX.700H

OCC RECEIVED AT  
NOV 2 '18 PM 3:56

Use this form to report contributions received, expenditures made from personal funds, or loans made from personal funds between the 9th day before the election and the day before the election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Candidates and Officeholders Instruction Guide**

<b>1</b>  <b>FILER NAME</b>	<table> <tr> <td>Title</td> <td>First Name*</td> <td>Middle Initial</td> </tr> <tr> <td></td> <td>Stephen</td> <td></td> </tr> <tr> <td>Nickname</td> <td>Last Name*</td> <td>Suffix</td> </tr> <tr> <td></td> <td>Adler</td> <td></td> </tr> </table>	Title	First Name*	Middle Initial		Stephen		Nickname	Last Name*	Suffix		Adler	
Title	First Name*	Middle Initial											
	Stephen												
Nickname	Last Name*	Suffix											
	Adler												
<b>2</b>  <b>FILER ADDRESS</b>	<table> <tr> <td>Address/ PO Box</td> <td colspan="2">Apartment or Suite Number</td> </tr> <tr> <td>301 W 2nd Street</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78701</td> </tr> </table>	Address/ PO Box	Apartment or Suite Number		301 W 2nd Street			City	State	Zip Code	Austin	TX	78701
Address/ PO Box	Apartment or Suite Number												
301 W 2nd Street													
City	State	Zip Code											
Austin	TX	78701											
<b>3</b>  <b>CAMPAIGN TREASURER NAME</b>	<table> <tr> <td>Title</td> <td>First Name</td> <td>Middle Initial</td> </tr> <tr> <td></td> <td>Eugene</td> <td></td> </tr> <tr> <td>Nickname</td> <td>Last Name</td> <td>Suffix</td> </tr> <tr> <td></td> <td>Sepulveda</td> <td></td> </tr> </table>	Title	First Name	Middle Initial		Eugene		Nickname	Last Name	Suffix		Sepulveda	
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	Eugene												
Nickname	Last Name	Suffix											
	Sepulveda												
<b>4</b>  <b>CAMPAIGN TREASURER ADDRESS</b>	<table> <tr> <td>Address/ PO Box</td> <td colspan="2">Apartment or Suite Number</td> </tr> <tr> <td>3114 Wheeler Street</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78705</td> </tr> </table>	Address/ PO Box	Apartment or Suite Number		3114 Wheeler Street			City	State	Zip Code	Austin	TX	78705
Address/ PO Box	Apartment or Suite Number												
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<b>5</b>  <b>REPORTING PERIOD AND OFFICE INFORMATION</b>	<table> <tr> <td>Start Date (yyyymmdd)*</td> <td>THROUGH</td> <td>End Date (yyyymmdd)*</td> </tr> <tr> <td>20181028</td> <td></td> <td>20181101</td> </tr> <tr> <td>Office Sought</td> <td colspan="2">Office Held, if applicable</td> </tr> <tr> <td>Mayor</td> <td colspan="2">Mayor</td> </tr> </table>	Start Date (yyyymmdd)*	THROUGH	End Date (yyyymmdd)*	20181028		20181101	Office Sought	Office Held, if applicable		Mayor	Mayor	
Start Date (yyyymmdd)*	THROUGH	End Date (yyyymmdd)*											
20181028		20181101											
Office Sought	Office Held, if applicable												
Mayor	Mayor												

\* Indicates a required field



**Pre-Election Report  
Candidates and Officeholders  
Form ATX.7COH**

6

**SCHEDULES**

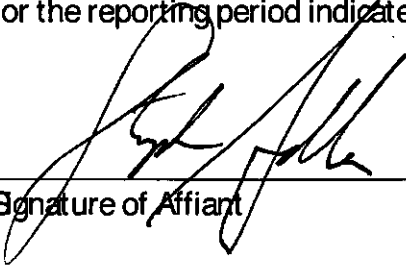
**ATTACHED**

*Check box for each form  
attached*

- ☒ Schedule ATX.7A - Pre-Election Report of Contributions
- ☐ Schedule ATX.7E: Loans Made from Personal Funds
- ☐ Schedule ATX.7G: Expenditures Made from Personal Funds

**AFFIDAVIT**

By signature below, I certify that the preceding Pre-Election Report 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 2-2-29 for the reporting period indicated.

  
\_\_\_\_\_  
Signature of Affiant



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7COH Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Ann"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Kitchen"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Ann"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Kitchen"/>	<input type="text"/>																				
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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 Ann</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Gardner</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Margaret Ann	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Gardner																	
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[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Fred  Organization Name or Contributor Last Name, as applicable* Grampp  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 10608 Hard Rock Rd  Contributor Apartment or Suite Number  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78750-2039  Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181028  (\$) Contribution Amount* \$25.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

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[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Mark"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Yznaga"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Mark"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Yznaga"/>	<input type="text"/>																				
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Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX7COH Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Blaine</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>McMillan</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Blaine	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	McMillan																	
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Contributor Title	Contributor First Name*																								
	Herbert																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Fike	Jr.																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">3939 Bee Caves Rd</td><td colspan="2">Ste A100</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">West Lake Hills</td><td>TX</td><td>78746-6429</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">The Sutton Company</td><td colspan="2">Chairman &amp; Co-owner</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		3939 Bee Caves Rd		Ste A100		Contributor City*		Contributor State*	Contributor Zip Code*	West Lake Hills		TX	78746-6429	Contributor Employer		Contributor Occupation		The Sutton Company		Chairman & Co-owner	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
3939 Bee Caves Rd		Ste A100																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
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Contributor Employer		Contributor Occupation																							
The Sutton Company		Chairman & Co-owner																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181029</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181029	\$350.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$ Contribution Amount*																								
20181029	\$350.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Wallace  Organization Name or Contributor Last Name, as applicable* Scott Contributor Suffix III
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2901 Oakhurst Ave Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-1951 Contributor Employer The Sutton Company Contributor Occupation President & General Counsel Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181029 (\$ Contribution Amount* \$350.00 In-Kind Contribution Description, if applicable  

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Tom"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Stacy"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Tom"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Stacy"/>	<input type="text"/>																
Contributor Title	Contributor First Name*																								
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<input type="text" value="Stacy"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="7600 N Capital Of Texas Hwy"/></td><td colspan="2"><input type="text" value="Bldg. B, Ste 130"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78731-1184"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text" value="CapEdge Partners"/></td><td colspan="2"><input type="text" value="Co-Founder"/></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="7600 N Capital Of Texas Hwy"/>		<input type="text" value="Bldg. B, Ste 130"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78731-1184"/>	Contributor Employer		Contributor Occupation		<input type="text" value="CapEdge Partners"/>		<input type="text" value="Co-Founder"/>	
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td><input type="text" value="20181029"/></td><td><input type="text" value="\$350.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	<input type="text" value="20181029"/>	<input type="text" value="\$350.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Melinda"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Stacy"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Melinda"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Stacy"/>	<input type="text"/>																
Contributor Title	Contributor First Name*																								
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<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="7600 N Capital Of Texas Hwy"/></td><td colspan="2"><input type="text" value="Bldg. B, Ste 130"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78731-1184"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text" value="Yoga Vida"/></td><td colspan="2"><input type="text" value="Yoga instructor"/></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="7600 N Capital Of Texas Hwy"/>		<input type="text" value="Bldg. B, Ste 130"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78731-1184"/>	Contributor Employer		Contributor Occupation		<input type="text" value="Yoga Vida"/>		<input type="text" value="Yoga instructor"/>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<input type="text" value="7600 N Capital Of Texas Hwy"/>		<input type="text" value="Bldg. B, Ste 130"/>																							
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td><input type="text" value="20181029"/></td><td><input type="text" value="\$350.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	<input type="text" value="20181029"/>	<input type="text" value="\$350.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Greg"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Cohen"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Greg"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Cohen"/>	<input type="text"/>																				
Contributor Title	Contributor First Name*																												
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<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="12312 Alcanza Dr"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78739-1962"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text" value="Change Healthcare"/></td><td colspan="2"><input type="text" value="Executive"/></td></tr><tr><td colspan="4">Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="12312 Alcanza Dr"/>		<input type="text"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78739-1962"/>	Contributor Employer		Contributor Occupation		<input type="text" value="Change Healthcare"/>		<input type="text" value="Executive"/>		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																											
<input type="text" value="12312 Alcanza Dr"/>		<input type="text"/>																											
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<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78739-1962"/>																										
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<input type="text"/>																													

[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Roger</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Beasley</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Roger	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Beasley																	
Contributor Title	Contributor First Name*																								
	Roger																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Beasley																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">6503 Santolina Cv</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78731-2806</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Roger Beasley Mazda</td><td colspan="2">Auto Dealer</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		6503 Santolina Cv				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78731-2806		Contributor Employer		Contributor Occupation		Roger Beasley Mazda		Auto Dealer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181029</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181029	\$350.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
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In-Kind Contribution Description, if applicable																									

[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Karen  Organization Name or Contributor Last Name, as applicable* Beasley Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 6503 Santolina Cv Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78731-2806 Contributor Employer Roger Beasley Mazda Contributor Occupation Controller  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181029 (\$ ) Contribution Amount* \$350.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Schiller  Organization Name or Contributor Last Name, as applicable* Liao Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1206 Wilderness Ov Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78746-6729 Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181029 (\$ Contribution Amount* \$25.00 In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7COH Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Amanda  Organization Name or Contributor Last Name, as applicable* Brown Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 3402 Cedar St Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78705-1414 Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181030 (\$ Contribution Amount* \$25.00 In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* <div>AI</div> Organization Name or Contributor Last Name, as applicable* <div>Braden</div> Contributor Suffix <div></div>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>2810 W Fresco Dr</div> Contributor Apartment or Suite Number <div></div> Contributor City* <div>Austin</div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78731-5022</div> Contributor Employer <div></div> Contributor Occupation <div></div> Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20181030</div> (\$) Contribution Amount* <div>\$100.00</div> In-Kind Contribution Description, if applicable <div></div>

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Shaun  Organization Name or Contributor Last Name, as applicable* Garity  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 700 Franklin Blvd  Contributor Apartment or Suite Number Apt 206  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78751-1835  Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181030  (\$) Contribution Amount* \$100.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

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\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* John  Organization Name or Contributor Last Name, as applicable* Vadala  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 5717 Walser Cv  Contributor Apartment or Suite Number  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78735-1819  Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181030  (\$ Contribution Amount* \$25.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Carolyn  Organization Name or Contributor Last Name, as applicable* McDermott Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4391 Lakeway Blvd Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78734-5021 Contributor Employer None Contributor Occupation Retired  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181030 (\$ Contribution Amount* \$350.00 In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* <div>Frank</div> Organization Name or Contributor Last Name, as applicable* <div>Cooksey</div> Contributor Suffix <div></div>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>2208 Matthews Dr</div> Contributor Apartment or Suite Number <div></div> Contributor City* <div>Austin</div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78703-2019</div> Contributor Employer <div></div> Contributor Occupation <div></div> Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20181030</div> (\$) Contribution Amount* <div>\$100.00</div> In-Kind Contribution Description, if applicable <div></div>

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Steve</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Aycock</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Steve	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Aycock																	
Contributor Title	Contributor First Name*																								
	Steve																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Aycock																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2605 Great Oaks Pkwy</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78756-2909</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2605 Great Oaks Pkwy				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78756-2909		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2605 Great Oaks Pkwy																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78756-2909																							
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181030</td><td>\$100.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181030	\$100.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*																								
20181030	\$100.00																								
In-Kind Contribution Description, if applicable																									

[Add Another Contribution Page](#)





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Elyse</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Yates</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Elyse	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Yates																					
Contributor Title	Contributor First Name*																												
	Elyse																												
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																												
Yates																													
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2301 Amur Dr</td><td colspan="2">Ste 200</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>78745-2065</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Influence Opinions</td><td colspan="2">Consultant</td></tr><tr><td colspan="4">Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2301 Amur Dr		Ste 200		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78745-2065	Contributor Employer		Contributor Occupation		Influence Opinions		Consultant		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																											
2301 Amur Dr		Ste 200																											
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Austin		TX	78745-2065																										
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Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more																													
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181030</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181030	\$350.00	In-Kind Contribution Description, if applicable																							
Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*																												
20181030	\$350.00																												
In-Kind Contribution Description, if applicable																													

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title: Contributor First Name* <div><div></div><div>Frank</div></div> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <div><div>Seely</div><div></div></div>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* Contributor Apartment or Suite Number <div><div>PO Box 50270</div><div></div></div> Contributor City* Contributor State* Contributor Zip Code* <div><div>Austin</div><div>TX</div><div>78763-0270</div></div> Contributor Employer Contributor Occupation <div><div>Self Employed</div><div>Real Estate</div></div> Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* (\$ Contribution Amount*) <div><div>20181030</div><div>\$250.00</div></div> In-Kind Contribution Description, if applicable <div></div>

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Paulette"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Gibbins"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Paulette"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Gibbins"/>	<input type="text"/>																
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<input type="text" value="Gibbins"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="1915 Karen Ave"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78757-2807"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="1915 Karen Ave"/>		<input type="text"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78757-2807"/>	Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<input type="text" value="1915 Karen Ave"/>		<input type="text"/>																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78757-2807"/>																						
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text" value="20181030"/></td><td><input type="text" value="\$50.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181030"/>	<input type="text" value="\$50.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
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<input type="text"/>																									

[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Charles"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="McDonald"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Charles"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="McDonald"/>	<input type="text"/>																
Contributor Title	Contributor First Name*																								
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Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
<input type="text" value="McDonald"/>	<input type="text"/>																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="3001 Silverleaf Dr"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78757-1608"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="3001 Silverleaf Dr"/>		<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78757-1608"/>		Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<input type="text" value="3001 Silverleaf Dr"/>		<input type="text"/>																							
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Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td><input type="text" value="20181031"/></td><td><input type="text" value="\$100.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	<input type="text" value="20181031"/>	<input type="text" value="\$100.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*																								
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In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Gregory</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Tyler</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Gregory	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Tyler																	
Contributor Title	Contributor First Name*																								
	Gregory																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Tyler																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">10416 Peonia Ct</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78733-5709</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		10416 Peonia Ct				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78733-5709		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
10416 Peonia Ct																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78733-5709																							
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$50.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181031	\$50.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
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In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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>Donnelly</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Brian	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Donnelly																	
Contributor Title	Contributor First Name*																								
	Brian																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Donnelly																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1711 W 11th St</td><td colspan="2">Unit A</td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78703-3962</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Self Employed</td><td colspan="2">Financial Services</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1711 W 11th St		Unit A		Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703-3962		Contributor Employer		Contributor Occupation		Self Employed		Financial Services	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1711 W 11th St		Unit A																							
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703-3962																							
Contributor Employer		Contributor Occupation																							
Self Employed		Financial Services																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181031</td><td>\$250.00</td></tr></table> <p>In-Kind Contribution Description, if applicable</p> <div></div>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181031	\$250.00																				
Contribution Date (yyyymmdd)*	(\$ Contribution Amount*																								
20181031	\$250.00																								

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>James</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Monroe</td><td></td></tr></table>	Contributor Title	Contributor First Name*		James	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Monroe																	
Contributor Title	Contributor First Name*																								
	James																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Monroe																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1500 Crossing Pl</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>78741-3370</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1500 Crossing Pl				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78741-3370	Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1500 Crossing Pl																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78741-3370																						
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$50.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181031	\$50.00	In-Kind Contribution Description, if applicable																			
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* David  Organization Name or Contributor Last Name, as applicable* Lang Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 7805 Cheno Cortina Trl Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78749-2717 Contributor Employer The Line Hotel Contributor Occupation General Manager  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181031 (\$ Contribution Amount* \$350.00 In-Kind Contribution Description, if applicable 

Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

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For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Scott</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Balock</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Scott	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Balock																	
Contributor Title	Contributor First Name*																								
	Scott																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Balock																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">8204 Talbot Ln</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78746-4918</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Marriott Hotel</td><td colspan="2">Manager</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		8204 Talbot Ln				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78746-4918		Contributor Employer		Contributor Occupation		Marriott Hotel		Manager	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
8204 Talbot Ln																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78746-4918																							
Contributor Employer		Contributor Occupation																							
Marriott Hotel		Manager																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181031	\$350.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20181031	\$350.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7COH Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Robert  Organization Name or Contributor Last Name, as applicable* Hagelberg  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 3206 Enfield Rd  Contributor Apartment or Suite Number  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78703-3607  Contributor Employer Four Seasons Hotel  Contributor Occupation General Manager  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181031  (\$) Contribution Amount* \$350.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Rob	Organization Name or Contributor Last Name, as applicable* Gillette	Contributor Suffix  
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 14 Falling Oaks Trl		Contributor Apartment or Suite Number  	
		Contributor City* The Hills		Contributor State* TX	Contributor Zip Code* 78738-1330
		Contributor Employer Renaissance Hotel		Contributor Occupation General Manager	
		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181031		(\$ ) Contribution Amount* \$250.00	
		In-Kind Contribution Description, if applicable  			

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Andrew</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Zinni</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Andrew	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Zinni																	
Contributor Title	Contributor First Name*																								
	Andrew																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Zinni																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">5302 Austral Loop</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78739-1710</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Courtyard Residences</td><td colspan="2">General Manager</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		5302 Austral Loop				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78739-1710		Contributor Employer		Contributor Occupation		Courtyard Residences		General Manager	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
5302 Austral Loop																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78739-1710																							
Contributor Employer		Contributor Occupation																							
Courtyard Residences		General Manager																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$200.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181031	\$200.00	In-Kind Contribution Description, if applicable																			
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Denise</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Eisman</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Denise	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Eisman																	
Contributor Title	Contributor First Name*																								
	Denise																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Eisman																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">703 Caribou Ridge Trl</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Pflugerville</td><td>TX</td><td colspan="2">78660-3707</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Austin Hotel &amp; Lodging Association</td><td colspan="2">President</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		703 Caribou Ridge Trl				Contributor City*	Contributor State*	Contributor Zip Code*		Pflugerville	TX	78660-3707		Contributor Employer		Contributor Occupation		Austin Hotel & Lodging Association		President	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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Pflugerville	TX	78660-3707																							
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181031	\$350.00	In-Kind Contribution Description, if applicable																			
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In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>James</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Eisman</td><td></td></tr></table>	Contributor Title	Contributor First Name*		James	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Eisman																	
Contributor Title	Contributor First Name*																								
	James																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
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<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">703 Caribou Ridge Trl</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78660-3707</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Federal Bureau</td><td colspan="2">Law Enforcement</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		703 Caribou Ridge Trl				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78660-3707		Contributor Employer		Contributor Occupation		Federal Bureau		Law Enforcement	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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Contributor City*	Contributor State*	Contributor Zip Code*																							
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20181031	\$350.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Daphne  Organization Name or Contributor Last Name, as applicable* Vaughan  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2403 Sweetbrush Dr  Contributor City* Austin  Contributor Employer  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78703-1521  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181031  (\$ ) Contribution Amount* \$100.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text" value="Ben"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Vaughan"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Ben"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Vaughan"/>	<input type="text"/>																
Contributor Title	Contributor First Name*																								
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<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="2403 Sweetbrush Dr"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2"><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78703-1521"/></td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="2403 Sweetbrush Dr"/>		<input type="text"/>		Contributor City*		Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78703-1521"/>	Contributor Employer		Contributor Occupation		<input type="text"/>		<input type="text"/>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<input type="text" value="2403 Sweetbrush Dr"/>		<input type="text"/>																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78703-1521"/>																						
Contributor Employer		Contributor Occupation																							
<input type="text"/>		<input type="text"/>																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text" value="20181031"/></td><td><input type="text" value="\$100.00"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181031"/>	<input type="text" value="\$100.00"/>	In-Kind Contribution Description, if applicable		<input type="text"/>																	
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<input type="text" value="20181031"/>	<input type="text" value="\$100.00"/>																								
In-Kind Contribution Description, if applicable																									
<input type="text"/>																									

Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* <div>Poss</div> Organization Name or Contributor Last Name, as applicable* <div>Eubanks</div> Contributor Suffix <div></div>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>186 Leafdale Trl</div> Contributor City* <div>Dripping Springs</div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78620-4129</div> Contributor Employer <div>Dunaway Associates</div> Contributor Occupation <div>Vice President</div> <small>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</small>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20181031</div> (\$ Contribution Amount* <div>\$350.00</div> In-Kind Contribution Description, if applicable <div></div>

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Kerrie</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Eubanks</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Kerrie	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Eubanks																	
Contributor Title	Contributor First Name*																								
	Kerrie																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Eubanks																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">186 Leafdale Trl</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Dripping Springs</td><td>TX</td><td colspan="2">78620-4129</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">None</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		186 Leafdale Trl				Contributor City*	Contributor State*	Contributor Zip Code*		Dripping Springs	TX	78620-4129		Contributor Employer		Contributor Occupation		None		None	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
186 Leafdale Trl																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Dripping Springs	TX	78620-4129																							
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Melesio</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Casas</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Melesio	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Casas																	
Contributor Title	Contributor First Name*																								
	Melesio																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Casas																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1821 Westlake Dr</td><td colspan="2">#108</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>78746-3731</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1821 Westlake Dr		#108		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746-3731	Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1821 Westlake Dr		#108																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746-3731																						
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181031</td><td>\$100.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181031	\$100.00	In-Kind Contribution Description, if applicable																			
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Kim</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Farr</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Kim	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Farr																	
Contributor Title	Contributor First Name*																								
	Kim																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Farr																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">4 Rocky River 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">West Lake Hills</td><td>TX</td><td>78746-5362</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Riverbend Church</td><td colspan="2">Finance/HR Director</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4 Rocky River Dr				Contributor City*		Contributor State*	Contributor Zip Code*	West Lake Hills		TX	78746-5362	Contributor Employer		Contributor Occupation		Riverbend Church		Finance/HR Director	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4 Rocky River Dr																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
West Lake Hills		TX	78746-5362																						
Contributor Employer		Contributor Occupation																							
Riverbend Church		Finance/HR Director																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181101</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181101	\$350.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$ Contribution Amount*																								
20181101	\$350.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>John</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Farr</td><td></td></tr></table>	Contributor Title	Contributor First Name*		John	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Farr																	
Contributor Title	Contributor First Name*																								
	John																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Farr																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">4 Rocky River Cv</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>West Lake Hills</td><td>TX</td><td colspan="2">78746-5362</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> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4 Rocky River Cv				Contributor City*	Contributor State*	Contributor Zip Code*		West Lake Hills	TX	78746-5362		Contributor Employer		Contributor Occupation		None		Retired	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4 Rocky River Cv																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
West Lake Hills	TX	78746-5362																							
Contributor Employer		Contributor Occupation																							
None		Retired																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181101</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181101	\$350.00	In-Kind Contribution Description, if applicable																			
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20181101	\$350.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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>Jones</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Robert	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Jones																	
Contributor Title	Contributor First Name*																								
	Robert																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Jones																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">5508 Nelson Oaks Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78724-7237</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">Environmental Defense Fund</td><td colspan="2">Director</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		5508 Nelson Oaks Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78724-7237		Contributor Employer		Contributor Occupation		Environmental Defense Fund		Director	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
5508 Nelson Oaks Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78724-7237																							
Contributor Employer		Contributor Occupation																							
Environmental Defense Fund		Director																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181101</td><td>\$350.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181101	\$350.00	In-Kind Contribution Description, if applicable																			
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In-Kind Contribution Description, if applicable																									

[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

1	<b>CONTRIBUTOR NAME</b> <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Shannon"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Moody"/>	Contributor Suffix <input type="text"/>
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="2902 Enfield Rd"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78703-3604"/>	
		Contributor Employer <input type="text"/>	Contributor Occupation <input type="text"/>
		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more	
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181101"/>	(\$ Contribution Amount* <input type="text" value="\$100.00"/>
		In-Kind Contribution Description, if applicable <input type="text"/>	

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* William	Organization Name or Contributor Last Name, as applicable* Formby	Contributor Suffix  
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 3825 Lake Austin Blvd		Contributor Apartment or Suite Number  	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78703-3508
		Contributor Employer Self Employed		Contributor Occupation Investor	
		Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more			
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181101		(\$ ) Contribution Amount* \$250.00	
		In-Kind Contribution Description, if applicable  			

Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* <div>Katrine</div> Organization Name or Contributor Last Name, as applicable* <div>Formby</div> Contributor Suffix <div></div>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>3825 Lake Austin Blvd</div> Contributor City* <div>Austin</div> Contributor Employer <div>Self Employed</div> Contributor Apartment or Suite Number <div></div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78703-3508</div> Contributor Occupation <div>Investor</div> <small>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</small>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20181101</div> In-Kind Contribution Description, if applicable <div></div> (\$ ) Contribution Amount* <div>\$250.00</div>

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Donald  Organization Name or Contributor Last Name, as applicable* Stuart  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4105 Long Champ Dr  Contributor City* Austin  Contributor Employer Metcalfe Wolff Stuart & Williams, LLP  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78746-1150  Contributor Occupation Attorney  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181101  (\$ Contribution Amount* \$225.00  In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Loraine</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Stuart</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Loraine	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Stuart																	
Contributor Title	Contributor First Name*																								
	Loraine																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Stuart																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">4105 Long Champ Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78746-1150</td></tr><tr><td>Contributor Employer</td><td colspan="3">Contributor Occupation</td></tr><tr><td>None</td><td colspan="3">None</td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		4105 Long Champ Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78746-1150		Contributor Employer	Contributor Occupation			None	None		
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
4105 Long Champ Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78746-1150																							
Contributor Employer	Contributor Occupation																								
None	None																								
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181101</td><td>\$225.00</td></tr></table> <p>In-Kind Contribution Description, if applicable</p> <div></div>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181101	\$225.00																				
Contribution Date (yyyymmdd)*	(\$ Contribution Amount*																								
20181101	\$225.00																								

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Ari</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Kuchinsky</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Ari	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Kuchinsky																	
Contributor Title	Contributor First Name*																								
	Ari																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Kuchinsky																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">12213 Lake Stone Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78738-5493</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		12213 Lake Stone Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78738-5493		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
12213 Lake Stone Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78738-5493																							
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181101</td><td>\$100.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181101	\$100.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*																								
20181101	\$100.00																								
In-Kind Contribution Description, if applicable																									

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# Pre-Election Report of Contributions: Schedule ATX 7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Carter  Organization Name or Contributor Last Name, as applicable* Williams Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 8209 Dark Ridge Cv Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78737-3511 Contributor Employer  Contributor Occupation  Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181101 (\$ ) Contribution Amount* \$25.00 In-Kind Contribution Description, if applicable 

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Talley</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Williams</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Talley	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Williams																	
Contributor Title	Contributor First Name*																								
	Talley																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Williams																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">8209 Dark Ridge Cv</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78737-3511</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		8209 Dark Ridge Cv				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78737-3511		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
8209 Dark Ridge Cv																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78737-3511																							
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181101</td><td>\$25.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181101	\$25.00	In-Kind Contribution Description, if applicable																			
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20181101	\$25.00																								
In-Kind Contribution Description, if applicable																									

[Add Another Contribution Page](#)



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Todd</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Hotz</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Todd	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Hotz																	
Contributor Title	Contributor First Name*																								
	Todd																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Hotz																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">6111 Highland Hills Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78731-4101</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		6111 Highland Hills Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78731-4101		Contributor Employer		Contributor Occupation					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
6111 Highland Hills Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78731-4101																							
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$*) Contribution Amount*</td></tr><tr><td>20181101</td><td>\$100.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*	20181101	\$100.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$*) Contribution Amount*																								
20181101	\$100.00																								
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Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Bridget</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Sharphorn</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Bridget	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Sharphorn																	
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Sharphorn																									
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2706 Twin Oaks Dr.</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78757-2738</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2"></td><td colspan="2"></td></tr></table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2706 Twin Oaks Dr.				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78757-2738		Contributor Employer		Contributor Occupation					
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Add Another Contribution Page





# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX 700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td>Todd <input type="text"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Olsen <input type="text"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	Todd <input type="text"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Olsen <input type="text"/>	<input type="text"/>																				
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20181101 <input type="text"/>	\$350.00 <input type="text"/>																												
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<input type="text"/>																													

Add Another Contribution Page



# Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.700H Coversheet)

## Contribution

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Zachary</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Brown</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Zachary	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Brown																	
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Austin		TX	78705-1414																						
Contributor Employer		Contributor Occupation																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$ Contribution Amount*</td></tr><tr><td>20181030</td><td>\$25.00</td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"></td></tr></table>	Contribution Date (yyyymmdd)*	(\$ Contribution Amount*	20181030	\$25.00	In-Kind Contribution Description, if applicable																			
Contribution Date (yyyymmdd)*	(\$ Contribution Amount*																								
20181030	\$25.00																								
In-Kind Contribution Description, if applicable																									

Add Another Contribution Page



# Pre-Election Report of Loans Made From Personal Funds: Schedule ATX.7E

(Attach to Form ATX.700H Coversheet)

## Loan

Itemize each loan made from personal funds below.

\* Indicates a required field

Loan Date*	Loan Amount*



# Pre-Election Report of Expenditures Made From Personal Funds: Schedule ATX.7G

(Attach to Form ATX.700H Coversheet)

## Expenditure

Itemize each expenditure made from personal funds in Sections 1-3.  
For additional expenditures, click "Add Another Expenditure Page" below.

**Note:** To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

\* Indicates a required field

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input type="text"/>		
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box* <input type="text"/>  Payee City* <input type="text"/>	Payee Apartment or Suite Number <input type="text"/>  Payee State* <input type="text"/>	Payee Zip Code* <input type="text"/>
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category* <input type="text"/>  Description (If Category is "Other") <input type="text"/>	(\$ ) Expenditure Amount* <input type="text"/>  Expenditure Date* <input type="text"/>	

Add Another Expenditure Page