OCC RECEIVED AT : NOV 2 '18 PM4:41

1	Committee or Organization Name*						
INDIVIDUAL	Keep Austin A						
OR	· · · · · · · · · · · · · · · · · · ·						
ORGANIZATION							
NAME		•	·				
Filer is an Individual	T.			•	•		
			-				
	ļ						
2	Address / BO B	*	· · · ·		A		
INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 1136		Apartment or Si	uite inumber			
	<u> </u>						
	City*				State*	Zip Code*	
	Austin				TX	78767	
3	Title First Name Middle Initial						
COMMITTEE TREASURER		Ed	,				
NAME (if applicable)	Last Name Suffix						
	McHorse						
4	Address/ PO Box Apartment or Suite Number			uite Number			
COMMITTEE TREASURER	600 Congress Ave.				2100		
ADDRESS	City			State Zip Code			
(if applicable)	Austin				тх	78701	
S REPORT DATE	Date Filed (yyy	vmmdd)*					
	20181102	,				·	

^{*} Indicates a required field



6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 11- 2-18	
mm	Edward Metterse
AFFIANT'S SIGNATURE	PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and subs	cribed before me by
Edward McHorse	·
On the 2nd day of November	, <u>2018</u> , to certify which witness my hand and official seal.
Enth Sillersen	Bitt Steffensen
Notary Public in and for the State of Texas	Typed or Printed Name of Notary



Expenditure

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE	·		
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Rindy & Associates		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2401 E. 6th St.		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78702
1	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$10,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20181101	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held
<u> </u>	(ii applicable)	(II applicable)	(if applicable)
Support Prop A			
			
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W., L			





Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR		₩.	-11-	
NAME	·			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*			
	Amtex Development LLC			
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number	
CONTRIBUTOR	30141 Agoura Rd.	100		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*	
AND	Agoura Hills	CA	91301	
EMPLOYER	Contributor Employer*	Contributor Occupation*		
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*	
DETAILS	20181101	\$5,000.00		

Add Another Contribution Page