



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Fair Play Austin PAC		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 2383 City* Austin	Apartment or Suite Number State* TX	Zip Code* 78768
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Catherine Middle Initial Last Name Toran Suffix 		
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box PO Box 2383 City Austin	Apartment or Suite Number State TX	Zip Code 78768
5 REPORT DATE	Date Filed (yyyymmdd)* 20181113		

* Indicates a required field



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6 AFFIDAVIT

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

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

DATE: Nov 12, 2018

Catherine Toran

AFFIANT'S SIGNATURE

Catherine Toran

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Catherine Toran

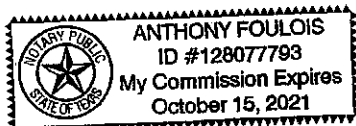
On the 12th day of November, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Anthony Foullois

Typed or Printed Name of Notary





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

[illegible]



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Contribution

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

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

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Robert</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Epstein</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Robert	Organization Name or Contributor Last Name, as applicable*		Epstein		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Robert																								
Organization Name or Contributor Last Name, as applicable*																									
Epstein																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">5000 Plaza on the Lake</td><td colspan="2">Suite 180</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>78768</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Prophet Capital Management</td><td colspan="2">General Partner</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		5000 Plaza on the Lake		Suite 180		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78768	Contributor Employer*		Contributor Occupation*		Prophet Capital Management		General Partner	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
5000 Plaza on the Lake		Suite 180																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78768																						
Contributor Employer*		Contributor Occupation*																							
Prophet Capital Management		General Partner																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181105</td><td>\$50,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181105	\$50,000.00																				
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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Robert Organization Name or Contributor Last Name, as applicable* Epstein Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5000 Plaza on the Lake Contributor Apartment or Suite Number Suite 180 Contributor City* Austin Contributor State* TX Contributor Zip Code* 78746 Contributor Employer* Prophet Capital Management Contributor Occupation* General Partner
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181109 (\$) Contribution Amount* \$17,831.00

Add Another Contribution Page