



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
NOV 29 '18 PM4:03

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* People's PAC (Austin Texas)		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 2008 Haskell City* Austin	Apartment or Suite Number State* TX	Zip Code* 78702
3 COMMITTEE TREASURER NAME (if applicable)	Title	First Name Elisa	Middle Initial R Last Name Montoya
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 2008 Haskell City Austin	Apartment or Suite Number State TX	Zip Code 78702
5 REPORT DATE	Date Filed (yyyymmdd)* 20181129		

* Indicates a required field



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6 AFFIDAVIT

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

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

DATE: 11-29-18

Elisa R. Montoya
AFFIANT'S SIGNATURE

Elisa R. Montoya
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

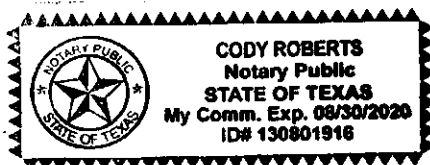
This instrument was acknowledged, sworn to and subscribed before me by

Elisa R. Montoya

On the 29th day of November, 2018, to certify which witness my hand and official seal.

[Signature]
Notary Public in and for the State of Texas

Cody Roberts
Typed or Printed Name of Notary





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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2 PAYEE ADDRESS	Payee Address/ PO Box* 3217 North IH-35	Payee Apartment or Suite Number 	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3 EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$2,317.09	
	Description (If Category is "Other") Including Postage and Mailing Expense for Mailer	Expenditure Date* 20181128	

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

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Oppose Renteria	Pio	District 3	District 3



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Contribution

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

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

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Kirk</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Mitchell</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Kirk	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Mitchell											
Contributor Title	Contributor First Name*																		
	Kirk																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Mitchell																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>PO Box 4023</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78765</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>self</td><td colspan="2">business/investor</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		PO Box 4023			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78765	Contributor Employer*	Contributor Occupation*		self	business/investor	
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181128</td><td>\$3,333.33</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181128	\$3,333.33														
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td colspan="3">Contributor First Name*</td></tr><tr><td></td><td colspan="3">Barbara</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2">McArthur</td><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*				Barbara			Organization Name or Contributor Last Name, as applicable*		Contributor Suffix		McArthur											
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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">5700 Clay Ave</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</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">UT</td><td colspan="2">Researcher</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		5700 Clay Ave				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78756		Contributor Employer*		Contributor Occupation*		UT		Researcher	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
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Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78756																							
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Lewis																									
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">309 East 11th Ste 2</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">78701</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">self</td><td colspan="2">attorney/business</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		309 East 11th Ste 2				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78701		Contributor Employer*		Contributor Occupation*		self		attorney/business	
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[Add Another Contribution Page](#)