



Report Of Direct Campaign Expenditures: Schedule ATX.1

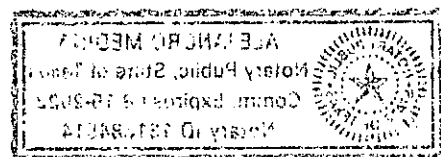
(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

DCC RECEIVED AT
DEC 3 '18 PM 5:07

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* CAFPAC		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 4701 Gillis St.		Apartment or Suite Number
	City* Austin	State* TX	Zip Code* 78745
3 COMMITTEE TREASURER NAME (if applicable)	Title 	First Name Jeffrey	Middle Initial
	Last Name Hahn	Suffix 	
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 4200 Marathon Blvd.		Apartment or Suite Number 300
	City Austin	State TX	Zip Code 78756
5 REPORT DATE	Date Filed (yyyymmdd)* 20181201		

* Indicates a required field





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(Previously Independent Expenditures not by a Candidate)

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: 12/3/18


AFFIANT'S SIGNATURE

Andrew Cates
PRINT NAME

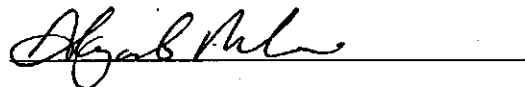
STATE OF TEXAS

COUNTY OF TRAVIS

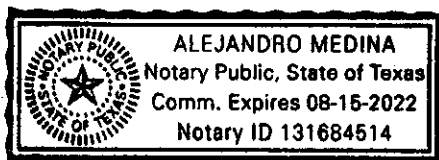
This instrument was acknowledged, sworn to and subscribed before me by

Andrew Cates

On the 3rd day of December, 2018, to certify which witness my hand and official seal.


Notary Public in and for the State of Texas

Alejandro Medina
Typed or Printed Name of Notary



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* <div>Neumann Limited Partnership</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>S417 Pine St</div> Payee City* <div>Bellaire</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>77401</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$50,000.00</div> Expenditure Date* <div>20181105</div>

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

[illegible]

Expenditure

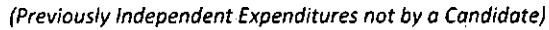
Itemize each direct campaign expenditure in Sections 1-4.

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* <div>Neumann Limited Partnership</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>5417 Pine St</div> Payee City* <div>Bellaire</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>77401</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$2,623.16</div> Expenditure Date* <div>20181105</div>

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

[illegible]



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* <div>Influence Opinions</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>9600 Escarpment Blvd</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div>745-223</div> Payee State* <div>TX</div> Payee Zip Code* <div>78739</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$10,825.00</div> Expenditure Date* <div>20181029</div>

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

[illegible]



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Contribution

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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>Sean</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Bukowski</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Sean	Organization Name or Contributor Last Name, as applicable*		Bukowski		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Sean																								
Organization Name or Contributor Last Name, as applicable*																									
Bukowski																									
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">1601 Rio Grande St</td><td colspan="2">300A</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>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">Lawyer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1601 Rio Grande St		300A		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78701	Contributor Employer*		Contributor Occupation*		Self		Lawyer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1601 Rio Grande St		300A																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78701																						
Contributor Employer*		Contributor Occupation*																							
Self		Lawyer																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181129</td><td>\$10,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181129	\$10,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
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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>Kevin</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Burns</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Kevin	Organization Name or Contributor Last Name, as applicable*		Burns		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Kevin																								
Organization Name or Contributor Last Name, as applicable*																									
Burns																									
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">801 W 5th St</td><td colspan="2">100</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>78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Urban Space Realtors</td><td colspan="2">Real Estate</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		801 W 5th St		100		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78703	Contributor Employer*		Contributor Occupation*		Urban Space Realtors		Real Estate	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
801 W 5th St		100																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78703																						
Contributor Employer*		Contributor Occupation*																							
Urban Space Realtors		Real Estate																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181030</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181030	\$500.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20181030	\$500.00																								



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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>Jose</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Carillo</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Jose	Organization Name or Contributor Last Name, as applicable*		Carillo		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Jose																								
Organization Name or Contributor Last Name, as applicable*																									
Carillo																									
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">3807 Toro Canyon</td><td colspan="2">#8</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</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">NALED</td><td colspan="2">Non-Profit Manager</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		3807 Toro Canyon		#8		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746	Contributor Employer*		Contributor Occupation*		NALED		Non-Profit Manager	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
3807 Toro Canyon		#8																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746																						
Contributor Employer*		Contributor Occupation*																							
NALED		Non-Profit Manager																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181113</td><td>\$20.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181113	\$20.00																				
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td colspan="2">Contributor First Name*</td></tr><tr><td></td><td colspan="2">Ralph</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td colspan="2">Ismael</td><td></td></tr></table>	Contributor Title	Contributor First Name*			Ralph		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	Ismael														
Contributor Title	Contributor First Name*																								
	Ralph																								
Organization Name or Contributor Last Name, as applicable*		Contributor Suffix																							
Ismael																									
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">3009 N Lamar Blvd</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">78705</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">MidTown Title</td><td colspan="2">Lawyer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		3009 N Lamar Blvd				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78705		Contributor Employer*		Contributor Occupation*		MidTown Title		Lawyer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
3009 N Lamar Blvd																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78705																							
Contributor Employer*		Contributor Occupation*																							
MidTown Title		Lawyer																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181113</td><td>\$250.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181113	\$250.00																				
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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>Paul</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Newman</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Paul	Organization Name or Contributor Last Name, as applicable*		Newman		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Paul																								
Organization Name or Contributor Last Name, as applicable*																									
Newman																									
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">809 Cuernavaca Dr. N</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</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Thrive FP</td><td colspan="2">Real Estate</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		809 Cuernavaca Dr. N				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78733		Contributor Employer*		Contributor Occupation*		Thrive FP		Real Estate	
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809 Cuernavaca Dr. N																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
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Contributor Employer*		Contributor Occupation*																							
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181030</td><td>\$350.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181030	\$350.00																				
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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>Randi</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Shade</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Randi	Organization Name or Contributor Last Name, as applicable*		Shade		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Randi																								
Organization Name or Contributor Last Name, as applicable*																									
Shade																									
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">1822 W. 10th St</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">78703</td></tr><tr><td>Contributor Employer*</td><td colspan="3">Contributor Occupation*</td></tr><tr><td>Self</td><td colspan="3">Consultant</td></tr></table>	Contributor Address/ PO.Box*		Contributor Apartment or Suite Number		1822 W. 10th St				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*	Contributor Occupation*			Self	Consultant		
Contributor Address/ PO.Box*		Contributor Apartment or Suite Number																							
1822 W. 10th St																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
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Self	Consultant																								
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Associated Builders & Contractors PAC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2600 Longhorn Blvd	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78758
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181030	(\$) Contribution Amount* \$1,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Rivendale Homes Texas, LLC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1114 Lost Creek Blvd Contributor City* Austin Contributor Employer* N/A	Contributor Apartment or Suite Number 200 Contributor State* TX Contributor Zip Code* 78746 Contributor Occupation* N/A
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181119	(\$) Contribution Amount* \$5,000.00

Add Another Contribution Page