



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
DEC 4 '18 PM 3:37

1	INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* The Real Estate Council of Austin, Inc. Advancing Democracy PAC		
2	INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 98 San Jacinto Blvd.		Apartment or Suite Number Suite 510
		City* Austin	State* TX	Zip Code* 78701
3	COMMITTEE TREASURER NAME (if applicable)	Title 	First Name Susan	Middle Initial
		Last Name Harris	Suffix 	
4	COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 98 San Jacinto Blvd.		Apartment or Suite Number Suite 510
		City Austin	State TX	Zip Code 78701
5	REPORT DATE	Date Filed (yyyymmdd)* 20181204		

* 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: 12/04/2018
[Signature]

AFFIANT'S SIGNATURE

Geoffrey Tahuahua

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Geoffrey Tahuahua

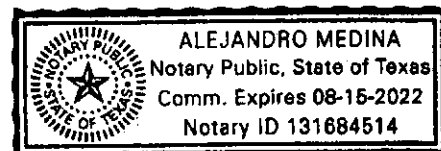
On the 4th day of December, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

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.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Upstream Communications LP</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>811 Trinity St.</div>		Payee Apartment or Suite Number <div>Unit A</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div>	(\$) Expenditure Amount* <div>\$2,250.00</div>	
	Description (If Category is "Other") <div></div>	Expenditure Date* <div>20181203</div>	

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

[illegible]



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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* Upstream Communications LP		
2	PAYEE ADDRESS	Payee Address/ PO Box* 811 Trinity St.	Payee Apartment or Suite Number Unit A	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$2,250.00	
		Description (If Category is "Other")	Expenditure Date* 20181203	

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)
Harper-Madison	Natasha	Austin City Council, District 1	



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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* Upstream Communications LP		
2 PAYEE ADDRESS	Payee Address/ PO Box* 811 Trinity St.	Payee Apartment or Suite Number Unit A	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78701
3 EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$7,000.00	
	Description (If Category is "Other")	Expenditure Date* 20181203	

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)
Harper-Madison	Natasha	Austin City Council, District 1	



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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Bukowski Law Firm PC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1601 Rio Grande St.	Contributor Apartment or Suite Number Suite 300A	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181127		(\$) Contribution Amount* \$25,000.00



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Jeffrey Organization Name or Contributor Last Name, as applicable* Coddington Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 245 Del Monte Ave. Contributor Apartment or Suite Number Contributor City* Los Altos Contributor State* CA Contributor Zip Code* 94022 Contributor Employer* Jill Contributor Occupation* Broker
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181101 (\$) Contribution Amount* \$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>Gary</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Farmer</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Gary	Organization Name or Contributor Last Name, as applicable*		Farmer		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Gary																								
Organization Name or Contributor Last Name, as applicable*																									
Farmer																									
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 Lake Cliff Trail</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>78746</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Heritage Title</td><td colspan="2">President</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		309 Lake Cliff Trail				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746	Contributor Employer*		Contributor Occupation*		Heritage Title		President	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
309 Lake Cliff Trail																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746																						
Contributor Employer*		Contributor Occupation*																							
Heritage Title		President																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181108</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181108	\$5,000.00																				
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Heritage Title Company of Austin, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress Ave Contributor City* Contributor Employer* 	Contributor Apartment or Suite Number Suite 1500 Contributor State* Contributor Zip Code* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181108	(\$) Contribution Amount* \$5,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* First Capitol Title Company	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress Ave. Contributor City* Austin Contributor Employer* N/A	Contributor Apartment or Suite Number Ste. 1500 Contributor State* TX Contributor Zip Code* 78701 Contributor Occupation* N/A
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181108	(\$) Contribution Amount* \$5,000.00



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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>Laura</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Beuerlein</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Laura	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Beuerlein																	
Contributor Title	Contributor First Name*																								
	Laura																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Beuerlein																									
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">2605 Woodmont Ave.</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>78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Heritage Title Company</td><td colspan="2">Executive VP of Marketing</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2605 Woodmont Ave.				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78703	Contributor Employer*		Contributor Occupation*		Heritage Title Company		Executive VP of Marketing	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2605 Woodmont Ave.																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78703																						
Contributor Employer*		Contributor Occupation*																							
Heritage Title Company		Executive VP of Marketing																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181108</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181108	\$5,000.00																				
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austin Police Association PAC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5817 Wilcab Rd	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78721
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181108		(%) Contribution Amount* \$7,500.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Austin Board of Realtors PAC</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>4106 Medical Parkway</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78756</div>
	Contributor Employer* <div>N/A/</div>	Contributor Occupation* <div></div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20181108</div>		(\$ Contribution Amount* <div>\$5,000.00</div>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Manifold RE, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8140 N. Mopac Expressway	Contributor Apartment or Suite Number Suite 4-145	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78745
	Contributor Employer* N/A/	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181126		(\$) Contribution Amount* \$2,500.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Texas Disposal Systems Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO Box 17126	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78760
	Contributor Employer* N/A/	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181126		(\$) Contribution Amount* \$7,500.00



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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>Peter</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Cesaro</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Peter	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Cesaro																	
Contributor Title	Contributor First Name*																								
	Peter																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Cesaro																									
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">54 Rainey St.</td><td colspan="2">Apt. 713</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"></td><td colspan="2"></td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		54 Rainey St.		Apt. 713		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78701	Contributor Employer*		Contributor Occupation*					
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
54 Rainey St.		Apt. 713																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78701																						
Contributor Employer*		Contributor Occupation*																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181127</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181127	\$1,000.00																				
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Contributor Title	Contributor First Name*																								
	Robert																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Shands																									
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">2525 South Lamar Blvd.</td><td colspan="2">#304</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">78704</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">RedLeaf Properties</td><td colspan="2">Partner</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2525 South Lamar Blvd.		#304		Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78704		Contributor Employer*		Contributor Occupation*		RedLeaf Properties		Partner	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2525 South Lamar Blvd.		#304																							
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78704																							
Contributor Employer*		Contributor Occupation*																							
RedLeaf Properties		Partner																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181127</td><td>\$500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181127	\$500.00																				
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Add Another Contribution Page