



Pre-Election Report Political Committees Form ATX.7PAC

☐ Office Use Only

OCC RECEIVED AT
DEC 5 '18 PM 3:06

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1 COMMITTEE NAME	Committee Name* Austinites for Affordability		
2 COMMITTEE ADDRESS	Address/ PO Box PO Box 90591		Apartment or Suite Number
	City Austin	State TX	Zip Code 78709
3 COMMITTEE TREASURER NAME	Title 	First Name Joseph	Middle Initial
	Nickname 	Last Name Martinez	Suffix
4 COMMITTEE TREASURER ADDRESS	Address/ PO Box 11121 Avery Station Loop		Apartment or Suite Number
	City Austin	State TX	Zip Code 78717
5 REPORTING PERIOD	Start Date (yyyymmdd)* 20181204	THROUGH	End Date (yyyymmdd)* 20181204

* Indicates a required field

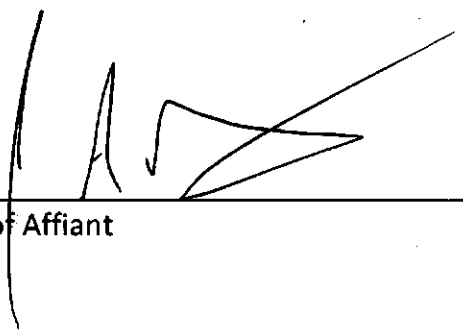


Pre-Election Report Political Committees Form ATX.7PAC

<p>6</p> <p>SCHEDULES ATTACHED</p> <p><i>Check box for each form attached</i></p>	<p><input type="checkbox"/> Schedule ATX.7A - Pre-Election Report of Contributions</p> <p><input checked="" type="checkbox"/> Schedule ATX.7F - Pre-Election Report of Expenditures</p>
--	---

AFFIDAVIT

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.



Signature of Affiant



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text"/> <input type="text"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer Contributor Occupation <input type="text"/> <input type="text"/> Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text"/> <input type="text"/> In-Kind Contribution Description, if applicable <input type="text"/>

Add Another Contribution Page



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

Expenditure

Itemize each expenditure in Sections 1-3.

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

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* GNI Consulting	
2	PAYEE ADDRESS	Payee Address/ PO Box* PO Box 685008 Payee City* Austin	Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78768
3	EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other") 	(\$) Expenditure Amount* \$1,000.00 Expenditure Date* 20181204

Add Another Expenditure Page



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

Expenditure

Itemize each expenditure in Sections 1-3.

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

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* City Lights Group		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1605 Kerr St.	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$1,500.00	
		Description (If Category is "Other") 	Expenditure Date* 20181204	

Add Another Expenditure Page