



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> Texas Vote Environment		
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> 600 W. 28th Street Suite		<b>Apartment or Suite Number</b> 202
	<b>City*</b> Austin	<b>State*</b> TX	<b>Zip Code*</b> 78705
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b>  	<b>First Name</b> David	<b>Middle Initial</b> K
	<b>Last Name</b> Foster	<b>Suffix</b>  	
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> 600 W. 28th Street		<b>Apartment or Suite Number</b> 202
	<b>City</b> Austin	<b>State</b> TX	<b>Zip Code</b> 78705
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> 20181206		

\* 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: 12-6-18

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

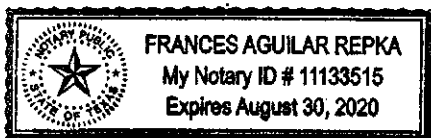
David Foster

On the 6TH day of December, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Frances Aguilar-Repka

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.

<b>1</b>	<b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 3217 N IH 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Printing Expense	(\$) Expenditure Amount* \$447.07	
		Description (If Category is "Other")	Expenditure Date* 20181204	

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)
Almanza	Susana	City Council Dist 3	



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Itemize each direct campaign expenditure in Sections 1-4.

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

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Emily Scott design		
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 69 Harvey Street	Payee Apartment or Suite Number #2	
	Payee City* Cambridge	Payee State* MA	Payee Zip Code* 02140
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category* Consulting Expense	(\$ Expenditure Amount* \$155.00	
	Description (If Category is "Other")	Expenditure Date* 20181205	

### 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)
Almanza	Susana	City Council District 1	
Salazar	Mariana	City Council District 3	
Ellis	Paige	City Council District 8	

Add Another Expenditure Page



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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Kirk  Organization Name or Contributor Last Name, as applicable* Mitchell  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 304 E 32nd Street  Contributor Apartment or Suite Number  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78705  Contributor Employer* Self  Contributor Occupation* Securities Investor
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181130  (\$) Contribution Amount* \$2,000.00



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austinites for Equity PAC		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1812 Centre Creek Dr	Contributor Apartment or Suite Number #310	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78754
	Contributor Employer* NA	Contributor Occupation* NA	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181204		(\$) Contribution Amount* \$3,000.00

Add Another Contribution Page