



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
DEC 7 '18 AM 10:47

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Texas Vote Environment								
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table border="1"><tr><td colspan="2">Address/ PO Box* 600 W. 28th Street</td><td colspan="2">Apartment or Suite Number 202</td></tr><tr><td>City* Austin</td><td>State* TX</td><td colspan="2">Zip Code* 78705</td></tr></table>	Address/ PO Box* 600 W. 28th Street		Apartment or Suite Number 202		City* Austin	State* TX	Zip Code* 78705	
Address/ PO Box* 600 W. 28th Street		Apartment or Suite Number 202							
City* Austin	State* TX	Zip Code* 78705							
3 COMMITTEE TREASURER NAME (if applicable)	<table border="1"><tr><td>Title</td><td>First Name David</td><td>Middle Initial K</td></tr><tr><td colspan="2">Last Name Foster</td><td>Suffix</td></tr></table>	Title	First Name David	Middle Initial K	Last Name Foster		Suffix		
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Last Name Foster		Suffix							
4 COMMITTEE TREASURER ADDRESS (if applicable)	<table border="1"><tr><td colspan="2">Address/ PO Box 600 W. 28th Street</td><td colspan="2">Apartment or Suite Number 202</td></tr><tr><td>City Austin</td><td>State TX</td><td colspan="2">Zip Code 78705</td></tr></table>	Address/ PO Box 600 W. 28th Street		Apartment or Suite Number 202		City Austin	State TX	Zip Code 78705	
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5 REPORT DATE	Date Filed (yyyymmdd)* 20181207								

* 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: 12-7-18

David Kent Foster

AFFIANT'S SIGNATURE

David Kent Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

David Kent Foster

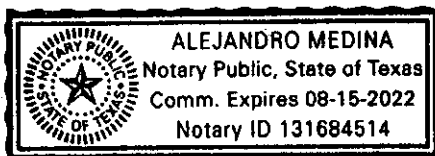
On the 7th day of December, 2018, to certify which witness my hand and official seal.

Alejandro Medina

Notary Public in and for the State of Texas

Alejandro Medina

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 N 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 * \$2,858.77	
		Description (If Category is "Other") 	Expenditure Date * 20181207	

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



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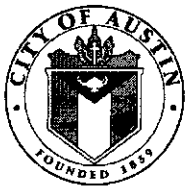
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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 N IH 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$68.50	
		Description (If Category is "Other")	Expenditure Date* 20181207	

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)
Salazar	Mariana	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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text"/>	
	Organization Name or Contributor Last Name, as applicable* <input type="text"/>		Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>		Contributor Apartment or Suite Number <input type="text"/>
	Contributor City* <input type="text"/>		Contributor State* <input type="text"/>
	Contributor Zip Code* <input type="text"/>		
	Contributor Employer* <input type="text"/>		Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>		(\$) Contribution Amount* <input type="text"/>

[Add Another Contribution Page](#)