

(Previously Independent Expenditures not by a Candidate)

### OCC RECEIVED AT DEC 10 '18 AM8:22

1	Committee or Organization Name*		
INDIVIDUAL	Texas Vote Environment		
OR			
ORGANIZATION		· .	
NAME			
Filer is an individual			
2	Address/ PO Box*	Apartment o	or Suite Number
INDIVIDUAL OR	600 W. 28th Street Suite	202	
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	тх	78705
3			
COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	David		к
(if applicable)	Last Name	Suffix	_
(ii appicable)	Foster		
4	Address/ PO Box	Apartment o	or Suite Number
COMMITTEE TREASURER	600 W. 28th Street	202	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	Тх	78705
5			
REPORT DATE	Date Filed (yyyymmdd)*		
	20181210		

\* Indicates a required field



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#### **6 AFFIDAVIT**

I swear or affirm upon penalty of periury 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: 12-1018 Dal Mat :

AFFIANT'S SIGNATURE

PALED Kest Tosta

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

David Kint Foster

On the

10<sup>+h</sup> day of December, 2018, to certify which witness my hand and official seal.

& Muli Alejandro Medina

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

NUMBERY PUBLIC	ALEJANDRO MEDINA
	Notary Public, State of Texas
	Comm. Expires 08-15-2022
Minim	Notary ID 131684514



(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1					
	PAYEE				
	NAME	Organization Name or Payee Last Name, as applicable*	_		
	Payee is an individual	Clean Water Action	]		
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number	
	PAYEE	600 W. 28th St	202		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
		Austin	ТХ	78705	
3		Category*	(\$) Expenditure 4	Amount*	
	EXPENDITURE	Other (use Description field)	\$600.00		
	DETAILS	Description (If Category is "Other")	Expenditure Date	*	
		Canvassing	20181207		

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 Dist 1	
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Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
🔀 Payee is an individual	Benavides		
2	Payee Address/ PO Box*	Payee Apartmen	t or Suite Number
PAYEE	1301 Crossing Place	1924B	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78741
3	Category*	(\$) Expenditure	Amount*
EXPENDITURE	Consulting Expense	\$97.50	
DETAILS	Description (If Category is "Other")	Expenditure Date	e <b>*</b>
		20181207	

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 3	
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Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1	Payee Title	Payee First Name*		
PAYEE		Nicole Londero		
NAME	Organization N	ame or Payee Last Name, as applicable*	Payee Suffix	
🔀 Payee is an individual	Montiero			
2	Payee Address,	/ PO Box*	Payee Apartment	or Suite Number
PAYEE	5oo Tamworth			
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		ТХ	78745
3	Category*		(\$) Expenditure A	mount*
EXPENDITURE	Consulting Exp	ense	\$217.50	
DETAILS	Description (If	Category is "Other")	Expenditure Date	*
			20181207	

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 3	
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Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE	Payee Title	Payee First Name*		
	Organization Na	ime or Payée Last Name, as applicable *	Рауее Зипіх	
🔀 Payee is an individual	Waley			
	Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE	1310 Palo Duro		В	
ADDRESS	Payee City*		Payee State*	Payee Zip Gode*
	Austin		ТХ	78757
	Category*		(\$) Expenditure A	mount*
EXPENDITURE		inse	\$105.00	
DETAILS	Description (If C	Category is "Other")	Expenditure Date	*
			20181209	
	NAME Payee is an individual PAYEE ADDRESS EXPENDITURE	PAYEE Organization Na NAME Organization Na Waley Waley Payee is an individual Waley PAYEE Payee Address/ 1310 Palo Duro Payee City* Austin EXPENDITURE Category* Consulting Expendent	PAYEE       Roγ         NAME       Organization Name or Payée Last Name, as applicable*         ✓ Payee is an individual       Waley         PAYEE       Payee Address/ PO Box*         1310 Palo Duro       Payee City*         Austin       Category*         EXPENDITURE       Category*	PAYEE       Roy         NAME       Organization Name or Payée Last Name, as applicable*       Payee Suffix         Payee is an individual       Waley       Payee Address/ PO Box*       Payee Apartment         PAYEE       Payee Address/ PO Box*       Payee Apartment       B         ADDRESS       Payee City*       Payee State*         Payee City*       Payee State*       TX         EXPENDITURE       Category*       (\$) Expenditure A         DETAILS       Description (If Category is "Other")       Expenditure Date

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 3	
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(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE	Payee Title	Payee First Name* Joey		
NAME	Organization Na	ame or Payee Last Name, as applicable*	Payee Suffix	
🔀 Payee is an individual	Borek			
2	Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE	4618 Gillis			
ADDRESS	Payee City*	•	Payee State*	Payee Zip Code*
	Austin	·	ТХ	78745
3	Category*		(\$) Expenditure A	mount*
EXPENDITURE	Consulting Expe	ense	\$37.50	
DETAILS	Description (If (	Category is "Other")	Expenditure Date*	<b>k</b>
			20181209	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Almanza	Susana	Austin City Council District 1	
		-	
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