



☐ Office Use Only

Pre-Election Report Political Committees Form ATX.7PAC

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	PACE PAC			
2	Address/ PO Box		Apartment or Suite Number	
COMMITTEE ADDRESS	3110 Manor Rd		Ste H	
	City		State	Zip Code
	Austin		TX	78723
3	Title	First Name	Middle Initial	
COMMITTEE TREASURER NAME		James		
	Nickname	Last Name	Suffix	
		Russell		
4	Address/ PO Box		Apartment or Suite Number	
COMMITTEE TREASURER ADDRESS	1801B Ann Arbor Ave			
	City		State	Zip Code
	Austin		TX	
5	Start Date (yyyymmdd)*		THROUGH	End Date (yyyymmdd)*
REPORTING PERIOD	20191002			20191008

* Indicates a required field

OCC RECEIVED AT
OCT 8 '19 PM3:33



Pre-Election Report Political Committees Form ATX.7PAC

6

SCHEDULES

ATTACHED

*Check box for each form
attached*

☐

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

☒

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

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)

Contribution

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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>													
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<input type="text"/>	<input type="text"/>																					
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="3">Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</td></tr></table>	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		
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<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Contributor Employer	Contributor Occupation																					
<input type="text"/>	<input type="text"/>																					
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">In-Kind Contribution Description, if applicable</td></tr><tr><td colspan="2"><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text"/>	<input type="text"/>	In-Kind Contribution Description, if applicable		<input type="text"/>														
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<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* Austin Chronicle		
2	PAYEE ADDRESS	Payee Address/ PO Box* 4000 N Interstate 35 Frontage Rd	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78751
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$1,545.00	
		Description (If Category is "Other") 	Expenditure Date* 20191008	

Add Another Expenditure Page