



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

|   |  |  |  |
|---|--|--|--|
| <b>1</b><br><br><b>INDIVIDUAL<br/>OR<br/>ORGANIZATION<br/>NAME</b><br><br><input type="checkbox"/> Filer is an individual | Committee or Organization Name*<br><br>PACE PAC  |  |  |
| <b>2</b><br><br><b>INDIVIDUAL OR<br/>ORGANIZATION<br/>ADDRESS</b>   | Address/ PO Box*<br><br>3110 Manor Rd<br><br>City*<br><br>Austin   |  | Apartment or Suite Number<br><br>Ste H<br><br>State*<br><br>TX<br><br>Zip Code*<br><br>78723 |
| <b>3</b><br><br><b>COMMITTEE TREASURER<br/>NAME<br/>(if applicable)</b>   | Title<br><br>First Name<br><br>James<br><br>Middle Initial<br><br>Last Name<br><br>Russell<br><br>Suffix |  |  |
| <b>4</b><br><br><b>COMMITTEE TREASURER<br/>ADDRESS<br/>(if applicable)</b>  | Address/ PO Box<br><br>1801B Ann Arbor Ave<br><br>City<br><br>Austin                                     |  | Apartment or Suite Number<br><br>State<br><br>TX<br><br>Zip Code<br><br>78704                |
| <b>5</b><br><br><b>REPORT DATE</b>  | Date Filed (yyyymmdd)*<br><br>20191016   |  |  |

\* 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: 10/16/19

AFFIANT'S SIGNATURE

Sabrina Sha

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

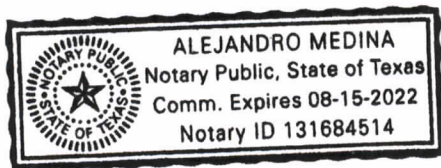
Sabrina Sha

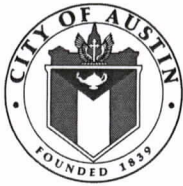
On the 16 day of October, 2019, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





# Report Of Direct Campaign Expenditures: Schedule ATX.1

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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<br/>NAME</b><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br>Austin Chronicle |  |                          |
| <b>2</b> | <b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br>4000 N I H 35                                  | Payee Apartment or Suite Number        |                          |
|          |  | Payee City*<br>Austin  | Payee State*<br>TX                     | Payee Zip Code*<br>78751 |
| <b>3</b> | <b>EXPENDITURE<br/>DETAILS</b>   | Category*<br>Advertising Expense   | (\$) Expenditure Amount*<br>\$1,545.00 |                          |
|          |  | Description (If Category is "Other")                                     | Expenditure Date*<br>20191015          |                          |

| 4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable |   |                                  |                                |
|--|---|----------------------------------|--------------------------------|
| Candidate Last Name or Ballot Measure<br>Supported/Opposed*  | Candidate First Name<br>(if applicable) | Office Sought<br>(if applicable) | Office Held<br>(if applicable) |
| Proposition A, opposed   |   |                                  |                                |
|  |   |                                  |                                |
|  |   |                                  |                                |
|  |   |                                  |                                |
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|  |   |                                  |                                |
|  |   |                                  |                                |
|  |   |                                  |                                |



## Expenditure

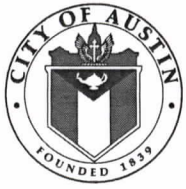
Itemize each direct campaign expenditure in Sections 1-4.  
For additional expenditures, click "Add Another Expenditure Page" below.

|  |   |  |   |
|--|---|--|---|
| <b>1</b><br><br><b>PAYEE<br/>NAME</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br><div>CheckMark Typesetting</div>        |  |   |
| <b>2</b><br><br><b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br><div>3217 N. IH 35</div><br>Payee City*<br><div>Austin</div>          |  | Payee Apartment or Suite Number<br><div></div><br>Payee State*<br><div>TX</div> Payee Zip Code*<br><div>78722</div> |
| <b>3</b><br><br><b>EXPENDITURE<br/>DETAILS</b>   | Category*<br><div>Printing Expense</div><br>Description (If Category is "Other")<br><div></div> |  | (\$) Expenditure Amount*<br><div>\$4,245.69</div><br>Expenditure Date*<br><div>20191016</div>                       |

**4** Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]





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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><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Forefront Networks, LP |   |   |                          |                                |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>411 Radam Ln   | Contributor Apartment or Suite Number<br> | Contributor City*<br>Austin             | Contributor State*<br>TX | Contributor Zip Code*<br>78745 |
|  | Contributor Employer*<br>n/a   | Contributor Occupation*<br>n/a            |   |                          |                                |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20191008  |   | (\$) Contribution Amount*<br>\$5,000.00 |                          |                                |

Add Another Contribution Page