



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 18 '19 PM2:35

1	INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual			Committee or Organization Name* PHAM PAC		
2	INDIVIDUAL OR ORGANIZATION ADDRESS			Address/ PO Box* PO BOX 152637		Apartment or Suite Number
				City* AUSTIN	State* TX	Zip Code* 78715
3	COMMITTEE TREASURER NAME (if applicable)			Title 	First Name CODY	Middle Initial
				Last Name COWAN	Suffix 	
4	COMMITTEE TREASURER ADDRESS (if applicable)			Address/ PO Box 1201 BROADMOOR DRIVE		Apartment or Suite Number 120
				City AUSTIN	State TX	Zip Code 78723
5	REPORT DATE			Date Filed (yyyymmdd)* 20191018		

* 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: 10-18-19

AFFIANT'S SIGNATURE

CODY R COWAN

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

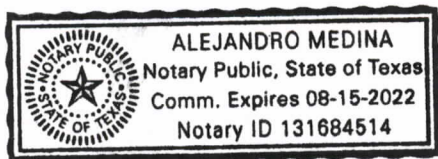
Cody R. Cowan

On the 18 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





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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* Y STRATEGY, LLC		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3110 MANOR RD	Payee Apartment or Suite Number SUITE H	
		Payee City* AUSTIN	Payee State* TX	Payee Zip Code* 78723
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$21,567.84	
		Description (If Category is "Other") MAILER DESIGN, PRINTING, AND POSTAGE	Expenditure Date* 20191016	

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)
OPPOSE PROPOSITION B			



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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 	Contributor First Name* Jonathan		
		Organization Name or Contributor Last Name, as applicable* Coon	Contributor Suffix 		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3939 Bee Caves Road		Contributor Apartment or Suite Number C-100	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78746
		Contributor Employer* Impossible Ventures		Contributor Occupation* CEO	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191005		(\$) Contribution Amount* \$10,300.00	



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<div>Contributor Title <input type="text"/></div> <div>Contributor First Name* <input type="text" value="Tom"/></div> <div>Organization Name or Contributor Last Name, as applicable* <input type="text" value="Stacy"/></div> <div>Contributor Suffix <input type="text"/></div>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<div>Contributor Address/ PO Box* <input type="text" value="7600 Capital of Texas Hwy"/></div> <div>Contributor Apartment or Suite Number <input type="text"/></div> <div>Contributor City* <input type="text" value="Austin"/></div> <div>Contributor State* <input type="text" value="TX"/></div> <div>Contributor Zip Code* <input type="text" value="78731"/></div> <div>Contributor Employer* <input type="text" value="CapRidge Partners"/></div> <div>Contributor Occupation* <input type="text" value="Co-Founder"/></div>
3 CONTRIBUTION DETAILS	<div>Contribution Date (yyyymmdd)* <input type="text" value="20191016"/></div> <div>(\$) Contribution Amount* <input type="text" value="\$1,000.00"/></div>



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2	CONTRIBUTOR ADDRESS AND EMPLOYER	Organization Name or Contributor Last Name, as applicable* Noonan	Contributor Suffix 	
3	CONTRIBUTOR DETAILS	Contributor Address/ PO Box* 12031 Pleasant Panorama View	Contributor City* Austin	Contributor State* TX
		Contributor Employer* Visit Austin	Contributor Zip Code* 78738	Contributor Occupation* CEO
		Contribution Date (yyyymmdd)* 20191014	(\$) Contribution Amount* \$1,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austin Hotel & Lodging Association				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO Box 82431	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78708
	Contributor Employer* n/a	Contributor Occupation* n/a			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191014		(\$) Contribution Amount* \$5,000.00		

Add Another Contribution Page