



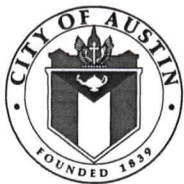
# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>PACE PAC</div>          <div>OCC RECEIVED AT OCT 22 '19 PM2:40</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>3110 Manor Rd</div> City* <div>Austin</div> Apartment or Suite Number <div>Ste H</div> State* <div>TX</div> Zip Code* <div>78723</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div></div> First Name <div>James</div> Middle Initial <div></div> Last Name <div>Russell</div> Suffix <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div>1801B Ann Arbor Ave</div> City <div>Austin</div> Apartment or Suite Number <div></div> State <div>TX</div> Zip Code <div>78704</div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20191022</div>

\* Indicates a required field



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(Previously Independent Expenditures not by a Candidate)

## 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: 10/22/19

AFFIANT'S SIGNATURE

Sabrina Shea

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Sabrina Shea

On the 22 day of October, 2019, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Lauren Signorino

Typed or Printed Name of Notary





# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* M & G Sign Placement Services		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 6410 Ponca Street	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78741
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Advertising Expense	(\$ ) Expenditure Amount* \$4,635.00	
		Description (If Category is "Other")	Expenditure Date* 20191021	

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)
Proposition A, opposed			



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(Previously Independent Expenditures not by a Candidate)

## Expenditure

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

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Austin Chronicle		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 4000 N IH 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78751
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Advertising Expense	(\$) Expenditure Amount* \$1,545.00	
		Description (If Category is "Other")	Expenditure Date* 20191022	

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)
Proposition A, opposed			

Add Another Expenditure Page



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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>	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Tom"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Sellers"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="3307 Perry Lane"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78731"/>	
		Contributor Employer* <input type="text" value="ConocoPhillips"/>	Contributor Occupation* <input type="text" value="Manager"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191014"/>	(\$) Contribution Amount* <input type="text" value="\$1,500.00"/>

[Add Another Contribution Page](#)