



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 28 '19 PM2:05

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 City* AUSTIN	Apartment or Suite Number State* TX	Zip Code* 78715										
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td></td><td>CODY</td><td></td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td>COWAN</td><td colspan="2"></td></tr></table>	Title	First Name	Middle Initial		CODY		Last Name	Suffix		COWAN		
Title	First Name	Middle Initial											
	CODY												
Last Name	Suffix												
COWAN													
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 1201 BROADMOOR DR City AUSTIN	Apartment or Suite Number 120 State TX	Zip Code 78723										
5 REPORT DATE	Date Filed (yyyymmdd)* 20191028												

* 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: 10-28-2019

[Signature]
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

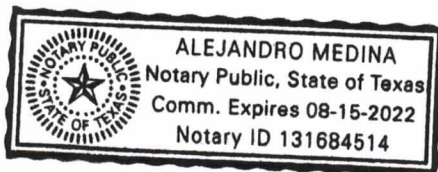
On the 28 day of October, 2019, to certify which witness my hand and official seal.

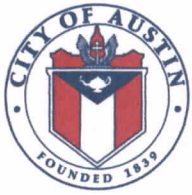
[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Hunt Capital Holdings, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 230 Park Avenue	Contributor Apartment or Suite Number 19th Floor	
	Contributor City* New York City	Contributor State* NY	Contributor Zip Code* 10169
	Contributor Employer* n/a	Contributor Occupation* n/a	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191020		(\$) Contribution Amount* \$10,000.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Endeavor Real Estate Group, Ltd.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 West 5th Street	Contributor Apartment or Suite Number Suite 700	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* n/a	Contributor Occupation* n/a	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191022	(\$) Contribution Amount* \$10,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* 800 Congress				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 800 Congress Avenue	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* n/a	Contributor Occupation* n/a			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191025		(\$) Contribution Amount* \$5,000.00		



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Dan		
		Organization Name or Contributor Last Name, as applicable* Graham		Contributor Suffix 	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1023 Springdale Road		Contributor Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78721
		Contributor Employer* Notley Ventures		Contributor Occupation* CEO	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191022		(\$) Contribution Amount* \$4,000.00	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Buie & Co.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2901 Bee Caves Road	Contributor Apartment or Suite Number Building D	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746
	Contributor Employer* n/a	Contributor Occupation* n/a	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191024		(\$) Contribution Amount* \$2,284.37

Add Another Contribution Page