



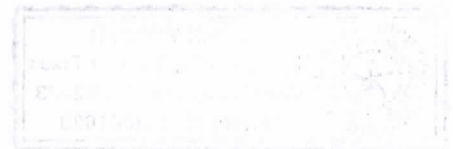
Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>PACE PAC</div> <div>OCC RECEIVED AT OCT 30 '19 AM 11:40</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	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>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>James</div> Middle Initial <div></div> Last Name <div>Russell</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	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>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20191030</div>

* Indicates a required field





Report Of Direct Campaign Expenditures: Schedule ATX.1

(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: 10/30/19

AFFIANT'S SIGNATURE

Sabrina Sha

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

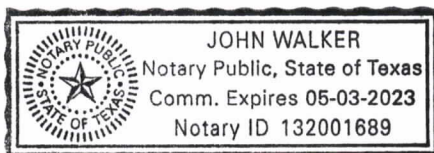
Sabrina Sha

On the 30 day of October, 2019, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

John W. Ker

Typed or Printed Name of Notary





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* <div>Austin Chronicle</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>4000 N I H 35</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78751</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$1,545.00</div> Expenditure Date* <div>20191029</div>

[illegible]



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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	Contributor Title	Contributor First Name*
		<input type="text"/>	<input type="text"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text"/>	<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	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"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text"/>	<input type="text"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text"/>	<input type="text"/>

Add Another Contribution Page