

## Pre-Election Report Political Committees Form ATX.7PAC

# OCC RECEIVED AT NOV 4'19 PM1:46

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide** 

1	Committee Name*					
COMMITTEE NAME	РНАМ РАС					
2	Address/ PO Box		Apartment or Suite Number			
COMMITTEE	PO Box 152637	· · ·				
ADDRESS	City		State	Zip Code		
	Austin		ТХ	78715		
3 COMMITTEE TREASURER	Title First Name Cody		Mi	iddle Initial		
NAME	Nickname	Last Name		Suffix		
		Cowan				
4	Address/ PO Box		Apartment or Suite Number			
COMMITTEE TREASURER	1201 Broadmoor		120			
doverogramogradi i svenovni – u konstri pad vri novodu, a	City		State Zip Code			
ADDRESS	Austin		ТХ	78723		
5	Start Date (yyyymmdd)*		End Date (yyyymmdd)*			
REPORTING PERIOD	20191031	THROUGH	20191103			

\* Indicates a required field



### Pre-Election Report Political Committees Form ATX.7PAC

6	$\boxtimes$	Schedule ATX.7A - Pre-Election Report of Contributions	
SCHEDULES		Schedule ATACHA - The Election Report of contributions	
ATTACHED			
Check box for each form		Schedule ATX.7F - Pre-Election Report of Expenditures	
attached			

#### AFFIDAVIT

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.

Signature of Affiant

## Contribution



### Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

#### \* Indicates a required field

1 CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 212 Lavaca Street Contributor City* Austin Contributor Employer Per City Code 2-2-29(d), employer and occupation are required f	Contributor Apartmo 300 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701 tion
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191102 In-Kind Contribution Description, if applicable	(\$) Contribution Amount*	

Add Another Contribution Page