

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	LAST; SUFFIX SafeTX Political Action Committee	ACCOUNT # 00090522	
OFFICE USE ONLY			
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received ELECTRONICALLY FILED 11/03/2020	
	815 Brazos Street Ste 701 Austin, TX 78701	Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged	
	Paul J. Bury III		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	815 Brazos Street Ste 701 Austin, TX 78701		

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME SafeTX Political Action Committee		2 FILER ID 00090522	3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/5
4 PAYEE NAME	LAST FIRST MI Upstream Communications		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3101 Perry Ln Austin, TX 78731		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 11/02/2020	(d) Amount (\$) \$24,500.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Alter Alison	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought Council Member, District 10	(d) Office held Council Member, District 10	

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/2 Rpt: 3/5
2 FILER NAME SafeTX Political Action Committee		3 Filer ID (Ethics Commission Filers) 00090522
4 Date 11/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Laurie (Ms.) 6 Contributor address; City; State; Zip Code 3400 Timberwood Cir Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Brown Distributing
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bury III, Paul (Mr.) Contributor address; City; State; Zip Code 2615 Harris Blvd Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug O'Connell and Associates PLLC Contributor address; City; State; Zip Code 505 W. 12th Street, Suite 200 Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabacher, Michael (Mr.) Contributor address; City; State; Zip Code 1102 W. 9th Street Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Tullett Prebon Americas Corp
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawley, Brad (Mr.) Contributor address; City; State; Zip Code 600 Congress Ave., Ste. 2200 Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord LLP

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 2/2 Rpt: 4/5
2 FILER NAME SafeTX Political Action Committee		3 Filer ID (Ethics Commission Filers) 00090522
4 Date 11/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matz and Company LLC 6 Contributor address; City; State; Zip Code 1708 Palma Plaza Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matz, Laura (Mrs.) Contributor address; City; State; Zip Code 1708 Palma Plz. Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Matz and Company
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Rebecca Lee (Ms.) Contributor address; City; State; Zip Code 3200 W. 35th Street Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) Watkins Insurance Group
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willeford, Pamela (Ms.) Contributor address; City; State; Zip Code 1801 Raleigh Ave. Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) None

Report of Direct Campaign Expenditures:

ATX.1

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.

SafeTX Political Action Committee

Signature of Filer