

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	LAST; SUFFIX Equity PAC	ACCOUNT # 00090717	
	OFFICE USE ONLY		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300812	Date Received ELECTRONICALLY FILED 10/07/2021	
	Austin, TX 78703	Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Imaged	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Catina Voellinger		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9901 Brodie Lane Ste 160 #1143 Austin, TX 78748		

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Equity PAC		2 FILER ID 00090717	3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/5
4 PAYEE NAME	LAST FIRST MI City Lights Group		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1605 Kerr St Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/05/2021	(d) Amount (\$) \$200,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

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 Equity PAC		3 Filer ID (Ethics Commission Filers) 00090717
4 Date 09/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Julia 6 Contributor address; City; State; Zip Code 608 Genard St Austin, TX 78751	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Policy Analyst		9 Employer (See Instructions) TX HHS
Date 09/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin AFL-CIO Council Labor Day Fund Contributor address; City; State; Zip Code PO Box 87 Austin, TX 78767	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Holly Contributor address; City; State; Zip Code 2203 Euclid Ave. Austin, TX 78704	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Andy Contributor address; City; State; Zip Code PO Box 6061 Austin, TX 78762	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Travis County
Date 09/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Education Austin PAC Contributor address; City; State; Zip Code 8716 North Mopac Expy Austin, TX 78759	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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
Equity PAC

3 Filer ID (Ethics Commission Filers)
00090717

4 Date
10/05/2021

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Shannon, Rachael

7 Amount of Contribution (\$)
\$2,105.58

6 Contributor address; City; State; Zip Code
2101 E 16th St

Austin, TX 78702

8 Principal occupation / Job title (See Instructions)
Artist

9 Employer (See Instructions)
Self-employed

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.

Equity PAC

Signature of Filer