

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 7	
	LAST; SUFFIX Texas Freedom Network	ACCOUNT # 00090569	
	OFFICE USE ONLY		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1624	Date Received ELECTRONICALLY FILED 10/18/2021	
	Austin, TX 78767	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		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Texas Freedom Network		2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 1/5 Rpt: 2/7
4 PAYEE NAME	LAST FIRST MI TriNet HR III, Inc		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/17/2021	(d) Amount (\$) \$3,472.75	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Texas Freedom Network		2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 2/5 Rpt: 3/7
4 PAYEE NAME	LAST FIRST MI Texas Freedom Network		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code PO Box 1624 Austin, TX 78767		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/17/2021	(d) Amount (\$) \$2,500.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Texas Freedom Network		2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 3/5 Rpt: 4/7
4 PAYEE NAME	LAST FIRST MI The Movement Cooperative		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH STREET New York, NY 10001		
6 EXPENDITURE DETAILS	(a) Category Other	(b) Description Virtual Phone Bank platform fee	
	(c) Date 10/17/2021	(d) Amount (\$) \$500.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Texas Freedom Network		2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 4/5 Rpt: 5/7
4 PAYEE NAME	LAST FIRST MI The Movement Cooperative		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH STREET New York, NY 10001		
6 EXPENDITURE DETAILS	(a) Category Other	(b) Description Texting fees	
	(c) Date 10/15/2021	(d) Amount (\$) \$102.75	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE	
	(c) Office sought	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Texas Freedom Network		2 FILER ID 00090569	3 Total pages Schedule ATX1EXPEND: Sch: 5/5 Rpt: 6/7
4 PAYEE NAME	LAST FIRST MI The Movement Cooperative		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code PO BOX 20063 GREELEY SQUARE STATION 4 EAST 27TH STREET New York, NY 10001		
6 EXPENDITURE DETAILS	(a) Category Other	(b) Description Texting fees	
	(c) Date 10/17/2021	(d) Amount (\$) \$358.95	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed X (CHECK IF BALLOT MEASURE) Proposition A OPPOSE	
	(c) Office sought	(d) Office held	

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.

Texas Freedom Network

Signature of Filer