

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	LAST; SUFFIX Equity PAC	ACCOUNT # 00090717	
	<b>OFFICE USE ONLY</b>		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300812	Date Received ELECTRONICALLY FILED 10/27/2021	
	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  Kathleen  Mitchell		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1403 Ulit Ave  Austin, TX 78702		

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Equity PAC		<b>2</b> FILER ID 00090717	<b>3</b> Total pages Schedule ATX1EXPEND:  Sch: 1/2 Rpt: 2/5
<b>4</b> PAYEE NAME	LAST FIRST MI Stronger Than Communications LLC		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  7314 Trescott Ave  Takoma Park, MD 20912		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/25/2021	<b>(d)</b> Amount (\$) \$49,999.99	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Equity PAC		<b>2</b> FILER ID 00090717	<b>3</b> Total pages Schedule ATX1EXPEND:  Sch: 2/2 Rpt: 3/5
<b>4</b> PAYEE NAME	LAST FIRST MI Digital Advance		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  9600 Escarpment Blvd #745-145  Austin, TX 78749		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/26/2021	<b>(d)</b> Amount (\$) \$50,000.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Contribution

FORM **ATX1CONTRIB**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule ATX1:  
Sch: 1/1 Rpt: 4/5

**2** FILER NAME  
Equity PAC

**3** Filer ID (Ethics Commission Filers)  
00090717

**4** Date  
10/25/2021

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

**7** Amount of Contribution (\$)  
\$500.00

**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

Date  
10/26/2021

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Workers Defense Action Fund

Amount of Contribution (\$)  
\$5,000.00

Contributor address; City; State; Zip Code  
5604 Manor Road  
  
Austin , TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# 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