

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

|                                          |                                                                                                                 |                       |                                                     |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------|
| 1 INDIVIDUAL OR ORGANIZATION NAME        | TITLE; FIRST; MI                                                                                                | PAGE #<br>6           |                                                     |
|                                          | LAST; SUFFIX<br>Equity PAC                                                                                      | ACCOUNT #<br>00090717 |                                                     |
| 2 INDIVIDUAL OR ORGANIZATION ADDRESS     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>708 W FM 1626 #53                                     |                       | Date Received<br>ELECTRONICALLY FILED<br>09/30/2021 |
|                                          | Manchaca , TX 78652                                                                                             |                       | 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                                         |
|                                          | Catina<br><br>Voellinger                                                                                        |                       |                                                     |
| 5 COMMITTEE TREASURER ADDRESS            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9901 Brodie Lane Ste 160<br>#1143<br>Austin, TX 78748 |                       |                                                     |

# Expenditure

FORM **ATX1EXPEND**

|                                   |                               |                                                                    |
|-----------------------------------|-------------------------------|--------------------------------------------------------------------|
| <b>1</b> FILER NAME<br>Equity PAC | <b>2</b> FILER ID<br>00090717 | <b>3</b> Total pages Schedule ATX8EXPEND:<br><br>Sch: 1/2 Rpt: 2/6 |
|-----------------------------------|-------------------------------|--------------------------------------------------------------------|

|                     |                                                   |
|---------------------|---------------------------------------------------|
| <b>4</b> PAYEE NAME | LAST FIRST MI<br>Stronger Than Communications LLC |
|---------------------|---------------------------------------------------|

|                        |                                                                                                             |
|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>5</b> PAYEE ADDRESS | Payee address; apartment/suit#; City; State; Zip Code<br><br>7314 Trescott Ave<br><br>Takoma Park, MD 20912 |
|------------------------|-------------------------------------------------------------------------------------------------------------|

|                              |                                            |                        |
|------------------------------|--------------------------------------------|------------------------|
| <b>6</b> EXPENDITURE DETAILS | <b>(a)</b> Category<br>Advertising Expense | <b>(b)</b> Description |
|------------------------------|--------------------------------------------|------------------------|

|  |                               |                                       |
|--|-------------------------------|---------------------------------------|
|  | <b>(c)</b> Date<br>09/28/2021 | <b>(d)</b> Amount (\$)<br>\$50,000.00 |
|--|-------------------------------|---------------------------------------|

|                                                                                |                                                                              |                                                                              |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed | <b>(a)</b> Candidate/Officeholder name<br>LastName; Suffix; FirstName; Title | <b>(b)</b> Ballot measure supported/opposed<br><br>(CHECK IF BALLOT MEASURE) |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|  |                          |                        |
|--|--------------------------|------------------------|
|  | <b>(c)</b> Office sought | <b>(d)</b> Office held |
|--|--------------------------|------------------------|

# Expenditure

FORM **ATX1EXPEND**

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>1</b> FILER NAME<br>Equity PAC                                                       |                                                                                                                       | <b>2</b> FILER ID<br>00090717                                                | <b>3</b> Total pages Schedule ATX8EXPEND:<br><br>Sch: 2/2 Rpt: 3/6 |
| <b>4</b> PAYEE NAME                                                                     | LAST FIRST MI<br>Check Mark                                                                                           |                                                                              |                                                                    |
| <b>5</b> PAYEE ADDRESS                                                                  | Payee address; apartment/suit#; City; State; Zip Code<br><br>3217 N Interstate 35 Frontage Rd<br><br>Austin, TX 78722 |                                                                              |                                                                    |
| <b>6</b> EXPENDITURE<br>DETAILS                                                         | <b>(a)</b> Category<br>Advertising Expense                                                                            | <b>(b)</b> Description                                                       |                                                                    |
|                                                                                         | <b>(c)</b> Date<br>09/29/2021                                                                                         | <b>(d)</b> Amount (\$)<br>\$16,342.80                                        |                                                                    |
| <b>7</b> Complete <u>ONLY</u> if<br>candidate or ballot<br>measure<br>supported/opposed | <b>(a)</b> Candidate/Officeholder name<br>LastName; Suffix; FirstName; Title                                          | <b>(b)</b> Ballot measure supported/opposed<br><br>(CHECK IF BALLOT MEASURE) |                                                                    |
|                                                                                         | <b>(c)</b> Office sought                                                                                              | <b>(d)</b> Office held                                                       |                                                                    |

# Contribution

FORM **ATX1CONTRIB**

|                                                                                   |                                                                                                                                                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                  |                                                                                                                                                                                                                                 | <b>1</b> Total pages Schedule ATX1:<br>Sch: 1/2 Rpt: 4/6         |
| <b>2</b> FILER NAME<br>Equity PAC                                                 |                                                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090717         |
| <b>4</b> Date<br>09/24/2021                                                       | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>AFSCME<br><b>6</b> Contributor address; City; State; Zip Code<br>1812 Centre Creek Dr Suite 130<br><br>Austin, TX 78754            | <b>7</b> Amount of Contribution (\$)<br>\$25,000.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)                      |                                                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)                             |
| Date<br>09/27/2021                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cannatti, Michael<br>Contributor address; City; State; Zip Code<br>2100 Stamford Lane<br><br>Austin, TX 78703                               | Amount of Contribution (\$)<br>\$500.00                          |
| Principal occupation / Job title (See Instructions)<br>Attorney                   |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>Terrile, Cannatti & Chambers, LLP |
| Date<br>09/26/2021                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McMahon, Sukyi<br>Contributor address; City; State; Zip Code<br>4718 Depew Ave<br><br>Austin, TX 78751                                      | Amount of Contribution (\$)<br>\$1,052.95                        |
| Principal occupation / Job title (See Instructions)<br>Sr Policy Dir              |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>AJC                               |
| Date<br>09/25/2021                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shea, Brigid<br>Contributor address; City; State; Zip Code<br>2604 Geraghty Ave<br><br>Austin, TX 78757                                     | Amount of Contribution (\$)<br>\$1,052.95                        |
| Principal occupation / Job title (See Instructions)<br>Travis County Commissioner |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>Travis County                     |
| Date<br>09/23/2021                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Southwest Laborers Disctrict Council SWLDC PAC<br>Contributor address; City; State; Zip Code<br>11720 East 21 St #D<br><br>Tulsa , OK 74129 | Amount of Contribution (\$)<br>\$1,000.00                        |
| Principal occupation / Job title (See Instructions)                               |                                                                                                                                                                                                                                 | Employer (See Instructions)                                      |

# Contribution

FORM **ATX1CONTRIB**

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|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                         | <b>1</b> Total pages Schedule ATX1:<br>Sch: 2/2 Rpt: 5/6 |
| <b>2</b> FILER NAME<br>Equity PAC                                |                                                                                                                                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090717 |
| <b>4</b> Date<br>09/23/2021                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texas Freedom Network<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>PO Box 1624<br><br>Austin , TX 78767 | <b>7</b> Amount of Contribution (\$)<br><br>\$5,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                         | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/27/2021                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>The Fairness Project<br><hr/> Contributor address; City; State; Zip Code<br>1342 Florida Ave NW<br><br>Washington, DC 20009         | Amount of Contribution (\$)<br><br>\$200,000.00          |
| 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

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Signature of Filer