FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 12 00081923 3 COMMITTEE NAME OFFICE USE ONLY Committee for Austin's Children Date Received **ELECTRONICALLY FILED** 01/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 301074 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Receipt # Amount Date Processed 1-17-2023 Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER Sandy NAME **NICKNAME** LAST SUFFIX Dochen CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 5010 North Rim Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78731 STREET OR PO BOX: CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 5010 North Rim Drive MAILING **ADDRESS** Austin, TX 78731 Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (512) 426-1552 PHONE 9 REPORT X January 15 30th day before election Exceeded modified reporting limit TYPE 8th day before election Dissolution (Attach PAC-DR) July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Day Year Month Day COVERED **THROUGH** 10/30/2022 12/31/2022 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 11/08/2022 X General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission File | rs) |
|---|--|---|--|--|------|
| Committee for Austin's (| Children | | 00081923 | | |
| 14 COMMITTEE | | CANDIDATE / OFFICEHOLDER NAME | <u> </u> | | |
| PURPOSE | | | | | |
| (Attach lists on plain | Candidate | | | | |
| paper to complete this report if necessary.) | | OFFICE SOUGHT (candidate) / OFFICE HEL | D (officeholder) | | |
| | Officeholder | CANDIDATE SOUGHT (CANDIDATE) / OFFICE HEL | .D (officeriolder) | | |
| | | | | | |
| X SUPPORT | | | | | |
| (Candidate or Measure) | | BALLOT IDENTIFICATION / # | ELECTI | ON DATE | |
| OPPOSE | | A, B & C | Month | Day Year | |
| (Candidate or Measure) | | | 11/08/2 | 2022 | |
| □ ACCUST | X Measure | | | | |
| ASSIST (Officeholder) | _ | DESCRIPTION | | | |
| (Omeonodo) | | Austin school bonds | | | |
| | | | | | |
| 15 CONTRIBUTION | 1. TOTAL POLITICAL CONT | I FRIBUTIONS OF \$50 OR LESS (OTHER THAI | N PLEDGES, | | |
| TOTALS | LOANS, OR GUARANTE | ES OF LOANS, OR CONTRIBUTIONS MADE | | s \$0 | 0.00 |
| | ELECTRONICALLY), UNI | LESS ITEMIZED | | | |
| | 2. TOTAL POLITICAL CO | ONTRIBUTIONS | | 6 604.67 | 4 01 |
| | (OTHER THAN PLEDGES | S, LOANS, OR GUARANTEES OF LOANS) | | \$ \$24,974 | 4.31 |
| EXPENDITURE | 3. TOTAL UNITEMIZED PO | LITICAL EXPENDITURES | | | |
| TOTALS | S. TOTAL ONTENIZED TO | EITIGAE EAI ENDITORES | | s \$168 | 8.23 |
| | | | | | |
| | 4. TOTAL POLITICAL EX | KPENDITURES | | | |
| | | | | \$ \$172,693 | 1.64 |
| CONTRIBUTION | E TOTAL BOLITICAL CON | TRIBUTIONS MAINTAINED AS OF THE LAST | DAY OF THE | | _ |
| CONTRIBUTION BALANCE | REPORTING PERIOD | TRIBUTIONS MAINTAINED AS OF THE EAST | DAT OF THE | s \$13,109 | 9.69 |
| | | | | 2 2 6 | |
| OUTSTANDING | | UNT OF ALL OUTSTANDING LOANS AS OF | THE LAST | | |
| LOAN TOTALS | DAY OF THE REPORTIN | IG PERIOD | | \$ | 0.00 |
| | | | | | |
| 16 AFFIDAVIT | | | · | ¥ | |
| | | I swear, or affirm, under penalty of per and correct and includes all informatio | jury, that the acc n required to be | companying report is tru reported by me under | ıe |
| | | Title 15, Election Code. | 25 | (6) (5) | |
| | | Sandy | / Dochen | | |
| | | | mpaign Treasure | er | - |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | before me, by the said | ,i | this the | day | |
| | | n, witness my hand and seal of office. | | | |
| - | -v. C | 95 | | | |
| | | | | | |
| Signature of officer ad | ministering oath Prin | ted name of officer administering oath | Title of office | er administering oath | _ |
| DOM: 000000000000000000000000000000000000 | and second the fact of the factor of the fac | - | | = 552 | |
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SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | 3 of 12 | | | | | | |
|------------|--|-------------------------|----------------------------|--|--|--|--|--|
| 17 COMMITT | EE NAME ee for Austin's Children | 18 Filer ID 00081923 | (Ethics Commission Filers) | | | | | |
| | LE SUBTOTALS | 00001923 | | | | | | |
| | NAME OF SCHEDULE | | | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,474.31 | | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. X | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ 14,500.00 | | | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | \$ | | | | | | |
| 6. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| \$ | | | | | | |
| 7. | SCHEDULE E: LOANS | \$ | | | | | | |
| 8. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 172,691.64 | | | | | | |
| 9. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | | | | |
| 10. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 11. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | | | | | | |
| 12. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | \$ | | | | | | |
| 13. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | \$ | | | | | | |
| 14. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER | \$ | | | | | | |
| | | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 00081923 Committee for Austin's Children Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$210.84 10/31/2022 Fielder, Tracy and Drew 6 Contributor address; City; State; Zip Code 4710 Via Media Austin, TX 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 11/11/2022 Gottesman, Sandy Contributor address; City; State; Zip Code 1900 Scenic Dr. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$263.47 11/08/2022 Valdez, Doyle Contributor address; City; State; Zip Code P.O. Box 26427 Austin, TX 78755 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 11/04/2022 Walsh Gallegos Trevino Russo & Kyle PC Contributor address; City; State; Zip Code PO Box 2156 Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule C1: Sch: 1/1 Rpt: 5/12 | | |
|----------------------|-----------------------------|--|--|---|--|--|
| 2 | FILER NAME Committee for | or Austin's Children | 3 | Filer ID (Ethics Commission Filers) 00081923 | | |
| 4 Date 12/23/2022 | | 5 Corporation / Labor Organization name Catellus Development Corp. 6 Corporation / Labor Organization address; City; State; Zip Code 4550 Mueller Blvd Austin, TX 78723 | 7 | Amount of contribution (\$) \$2,000.00 | | |
| | Date 11/07/2022 | Corporation / Labor Organization name Rogers-O'Brien Construction Company, LLC Corporation / Labor Organization address; City; State; Zip Code 1901 Regal Row Dallas, TX 75235 | Amount of contribution (\$) \$10,000.00 | | | |
| | Date 11/11/2022 | Corporation / Labor Organization name Stantec Consulting Services, Inc. Corporation / Labor Organization address; City; State; Zip Code 1905 Aldrich St Austin, TX 78723 | | Amount of contribution (\$) \$2,500.00 | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|---|--|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 1/7 Rpt: 6/12 | Committee for Austin's Children | 00081923 | | | |
| 4 | Date | 5 Payee name | | | | |
| | 11/01/2022 | American Printing & Mailing | | | | |
| 6 | Amount (\$) \$1,948.50 | 7 Payee address; City; State; Zip Code 1606 Headway Circle Austin, TX 78754 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (b) Description Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense yard signs | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held | | | |
| Γ | Date | Payee name | | | | |
| | 12/07/2022 | | | | | |
| | Amount (\$) \$360.92 | | | | | |
| L | DUDDOCE | Austin, TX 78751 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign dinner | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | |
| | Date 11/02/2022 | Payee name Austin Chronicle | | | | |
| | Amount (\$) \$1,545.00 | Payee address; City; State; Zip Code PO Box 4189 Austin, TX 78765 | | | | |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print advertisement | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/7 Rpt: 7/12 Committee for Austin's Children 00081923 4 Date Pavee name 11/08/2022 Austin Chronicle 6 Amount (\$) Payee address; City; State; Zip Code \$3,090.00 PO Box 4189 Austin, TX 78765 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Print advertisement 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/08/2022 DonateWay Amount (\$) Payee address; State; Zip Code City; \$524.61 P.O. Box 301267 Austin, TX 78703 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense online contribution processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2022 Margie Becker & Assoc. Amount (\$) Payee address; City; State; Zip Code 1205 Kinney Ave. \$8,500.00 Unit A Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Consulting Expense

Candidate/Officeholder name

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Advertising production

SCHEDULE F1

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|--|---|-----------------------------|---|--------|---|------|--|
| Accounti Consultir Contribu Cand | ng Expense ng/Banking ng Expense itons/ Donations Made By date/Officeholder/Politica ard Payment | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pa | pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commis | | | | | | | s) | |
| 35 1 | 3/7 Rpt: 8/12 | 15 | Committee for Austin's Children 00081923 | | | | | | |
| 4 Date 11/07/2 | 2022 | | Payee name Margie Becker & Assoc. | | | | | | |
| 6 Amount | \$9,500.00 | | Payee address; City; State; 1205 Kinney Ave. Unit A Austin, TX 78704 | Zip Coo | | | | | |
| | RPOSE OF NDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising production | | | | | | | |
| | te <u>ONLY</u> if direct ture to benefit C/O | | andidate/Officeholder name O | ffice soug | ght | | Office held | | |
| Date | | | Payee name | | | | | | |
| 11/10/2 | 2022 | | Susan Harry Consulting | | | | | | |
| Amount | (\$) \$3,000.00 | And compact account of the second state of the | | | | | | | |
| | | | Austin, TX 78703 | | | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising & compliance consulting | | | | officeholder living expense | | | | | |
| | te <u>ONLY</u> if direct iture to benefit C/O | | andidate/Officeholder name O | ffice soug | ght | | Office held | | |
| Date 11/02/2 | 2022 | | Payee name Y Strategy | | | | | | |
| Amount | \$600.00 | | Payee address; City; State; 3110 Manor Rd. Ste. H Austin, TX 78723 | Zip Co | de | | | | |
| | RPOSE OF NDITURE | | Category (See Categories listed at the top of this sche Consulting Expense | edule) | 245 (246 (256 (256 (256 (256 (256 (256 (256 (25 | in, TX | ide of Texas. Complete Schedule T, , officeholder living expense | | |
| Comple | ete <u>ONLY</u> if direct iture to benefit C/O | | Candidate/Officeholder name C | Office sou | ght | | Office held | | |
| | wided by Texas F | -1-1 | s Commission waww athirs s | toto t | 10 | | Version V3.5.1.3ac8 | Ohe/ | |

SCHEDULE F1

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|---|
| 1 | Total pages Schedule F1: Sch: 4/7 Rpt: 9/12 | 2 FILER NAME Committee for Austin's Children 3 Filer ID (Ethics Commission Filers) 00081923 |
| 4 | Date 11/02/2022 | 5 Payee name Y Strategy |
| 6 | Amount (\$) \$55,219.26 | 7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense direct mail |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 11/02/2022 | Payee name Y Strategy |
| | Amount (\$) \$8,936.01 | Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense texting |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date 11/02/2022 | Payee name Y Strategy |
| | Amount (\$) \$10,000.00 | Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H |
| | | Austin, TX 78723 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense General consulting |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME (Ethics Commission Filers) 3 Filer ID 00081923 Sch: 5/7 Rpt: 10/12 Committee for Austin's Children 4 Date Payee name 11/02/2022 Y Strategy 6 Amount (\$) Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H \$25,000.00 Austin, TX 78723 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online advertising Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Payee name 11/09/2022 Y Strategy Payee address; State; Zip Code Amount (\$) City; \$338.43 3110 Manor Rd. Ste. H Austin, TX 78723 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense Field services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2022 Y Strategy Pavee address: State: Zip Code Amount (\$) City: \$450.00 3110 Manor Rd. Ste. H Austin, TX 78723 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphic design Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politics Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/7 Rpt: 11/12 | A STATE OF THE STA |
| 1000 | |
| 4 Date | 5 Payee name |
| 11/06/2022 | Y Strategy |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$21,315.68 | 3110 Manor Rd. Ste. H |
| | Supplementary on History and Autor amongs and a |
| | Austin TV 70722 |
| | Austin, TX 78723 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| | Check if Austin, TX, officeholder living expense |
| | Phone calls and texting |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | d |
| Date | Payee name |
| 11/06/2022 | Y Strategy |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,045.00 | 3110 Manor Rd. Ste. H |
| | |
| | Austin, TX 78723 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Sign delivery |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 11/06/2022 | Y Strategy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$11,150.00 | 3110 Manor Rd. Ste. H |
| Total Atmosphin | Ohiologias antilizadina annamanana na |
| | A |
| | Austin, TX 78723 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| EM EMPHONE | Check if Austin, TX, officeholder living expense |
| | Online advertising |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
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| | |
| orms provided by Texas E | thics Commission www.ethics.state.tx.us Version V3.5.1.3ac88bc0 |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Grit/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment | | | | se nse es/Contract Labor | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|---|--|-----|---------------|--|--------------------------------|-----------------|---|---------------------|----------------------------|--|
| | | | | The Instruction Guide explain | s how to comp | lete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 100 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 7/7 Rpt: 12/12 | | Committee | for Austin's Children | | | | 00081923 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 11/06/2022 | | Y Strategy | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; Stat | e; Zip Code | | | | | |
| | \$10,000.00 | ľ | 3110 Mano | r Rd. Ste. H | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX | 78723 | | | | | | |
| 8 | PURPOSE | (a) | Category (5 | iee Categories listed at the top of this s | chedule) (b |) Description | | | | |
| | OF EXPENDITURE | | Consulting | | | Check if travel | | | plete Schedule T. | |
| | EXPENDITORE | | | | | | | officeholder living | g expense | |
| | | | | | | General con | Sulti | ng | | |
| | | | 0 111 104 | 6. F. Fit | Office severb | | | Office h | old. | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | н | Candidate/Off | iceholder name | Office sough | t | | Office fi | eiu | |
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