



Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

Office Use Only

OCC RECEIVED AT
JUL 15 '19 PM 4:01

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide**.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

| | |
|---|---|
| 1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual | Committee or Organization Name* Save Our Springs Alliance, Inc. |
| 2 INDIVIDUAL OR ORGANIZATION ADDRESS | Address/ PO Box* 4701 West Gate Blvd. City* Austin Apartment or Suite Number D-401 State* TX Zip Code* 78745 |
| 3 COMMITTEE TREASURER NAME (if applicable) | Title First Name Middle Initial Last Name Suffix |
| 4 COMMITTEE TREASURER ADDRESS (if applicable) | Address/ PO Box Apartment or Suite Number City State Zip Code |
| 5 REPORT DATE | Date Filed (yyyymmdd)* 20190715 |

* Indicates a required field



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6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-34.

DATE: July 15, 2019
[Handwritten Signature]

SIGNATURE

William G. French

PRINT NAME



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Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

Itemize each contribution **received by the filer** in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

| | |
|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Brian"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Rodgers"/> <input type="text" value="Mr."/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1112 W. 9th"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/> Contributor Employer Contributor Occupation <input type="text" value="self employed"/> <input type="text" value="Real Estate Investments"/> <small>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</small> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20190521"/> <input type="text" value="\$10,000.00"/> |

Add Another Contribution Page



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|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Brian"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Rodgers"/> <input type="text" value="Mr."/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1112 W. 9th"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/> Contributor Employer Contributor Occupation <input type="text" value="self-employed"/> <input type="text" value="Real Estate Investments"/> <small>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</small> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20190603"/> <input type="text" value="\$10,000.00"/> |

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| | |
|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="John Kirk"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Mitchell"/> <input type="text" value="Mr."/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 4023"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78765"/> Contributor Employer Contributor Occupation <input type="text" value="self-employed"/> <input type="text" value="Investments"/> <small>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</small> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20190521"/> <input type="text" value="\$20,000.00"/> |

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**Contributions
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| | |
|--|---|
| <p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p> | <p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Jennifer"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Clark"/> <input type="text" value="Ms."/></p> |
| <p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p> | <p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="500 Lone Oak"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704"/></p> <p>Contributor Employer Contributor Occupation</p> <p><input type="text" value="self-employed"/> <input type="text" value="retired"/></p> <p>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</p> |
| <p>3</p> <p>CONTRIBUTION DETAILS</p> | <p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20190603"/> <input type="text" value="\$10,000.00"/></p> |

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| | |
|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Roger"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Baker"/> <input type="text" value="Mr."/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1303 Bentwood Rd."/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78722"/> Contributor Employer Contributor Occupation <input type="text" value="Self-employed"/> <input type="text" value="Investments"/> <small>Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</small> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20190626"/> <input type="text" value="\$1,343.00"/> |

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