



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <input type="text"/>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* <input type="text"/> Apartment or Suite Number <input type="text"/></p> <p>City* <input type="text"/> State* <input type="text"/> Zip Code* <input type="text"/></p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title <input type="text"/> First Name <input type="text"/> Middle Initial <input type="text"/></p> <p>Last Name <input type="text"/> Suffix <input type="text"/></p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box <input type="text"/> Apartment or Suite Number <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)* <input type="text"/></p>

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon 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 that this Report of 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 2-2-32.

DATE: _____

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

On the _____ day of _____, _____, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text"/>								
2 PAYEE ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Payee Address/ PO Box*</td> <td style="width:40%;">Payee Apartment or Suite Number</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> </tr> <tr> <td>Payee City*</td> <td>Payee State* Payee Zip Code*</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/></td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Payee City*	Payee State* Payee Zip Code*	<input style="width:100%;" type="text"/>	<input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>
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Payee City*	Payee State* Payee Zip Code*								
<input style="width:100%;" type="text"/>	<input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>								
3 EXPENDITURE DETAILS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Category*</td> <td style="width:40%;">(\$) Expenditure Amount*</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> </tr> <tr> <td>Description (If Category is "Other")</td> <td>Expenditure Date*</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> </tr> </table>	Category*	(\$) Expenditure Amount*	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Description (If Category is "Other")	Expenditure Date*	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
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Description (If Category is "Other")	Expenditure Date*								
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>								

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable* Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number Contributor City* Contributor State* Contributor Zip Code* Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount*

Add Another Contribution Page