CITY OF AUSTIN

CITY CLERK'S OFFICE

All reports and associated data are required to be submitted to the City Clerk using the City of Austin Electronic Filing System located at: https://austintexas.ethicsefile.com/EthFile/. The Clerk's Office no longer accepts hard copy reports.

Report of Direct Campaign Expenditures:ATX.1
COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX	PAGE # ACCOUNT #
		OFFICE USE ONLY
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ (CHECK IF FILER'S HOME ADDRESS)	Date Received Receipt # 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
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
6 MEMO		

SAMPLE

Expenditure

FORM ATX1EXPEND

1 FILER NAME	**2** FILER ID	**3** Total pages Schedule ATX1EXPEND:

4 MEMO		
5 PAYEE NAME	LAST FIRST MI	
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code	
7 EXPENDITURE DETAILS	**(a)** Category	**(b)** Description
	(c) Date	**(d)** Amount ($)
8 Complete ONLY if candidate or ballot measure suported/opposed	**(a)** Candidate/Officeholder name LastName; Suffix; FirstName; Title	**(b)** Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought	**(d)** Office held

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Expenditure

FORM ATX1EXPEND

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SAMPLE

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Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 MEMO

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:_____)

7 Contributor address; City; State; Zip Code

8 Amount of Contribution ($)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of Contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of Contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of Contribution ($)

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Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of Contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributo is out-of-state PAC, please see instruction guide for additional reporting requiremetns.

SAMPLE

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.

Signature of Filer

SAMPLE