

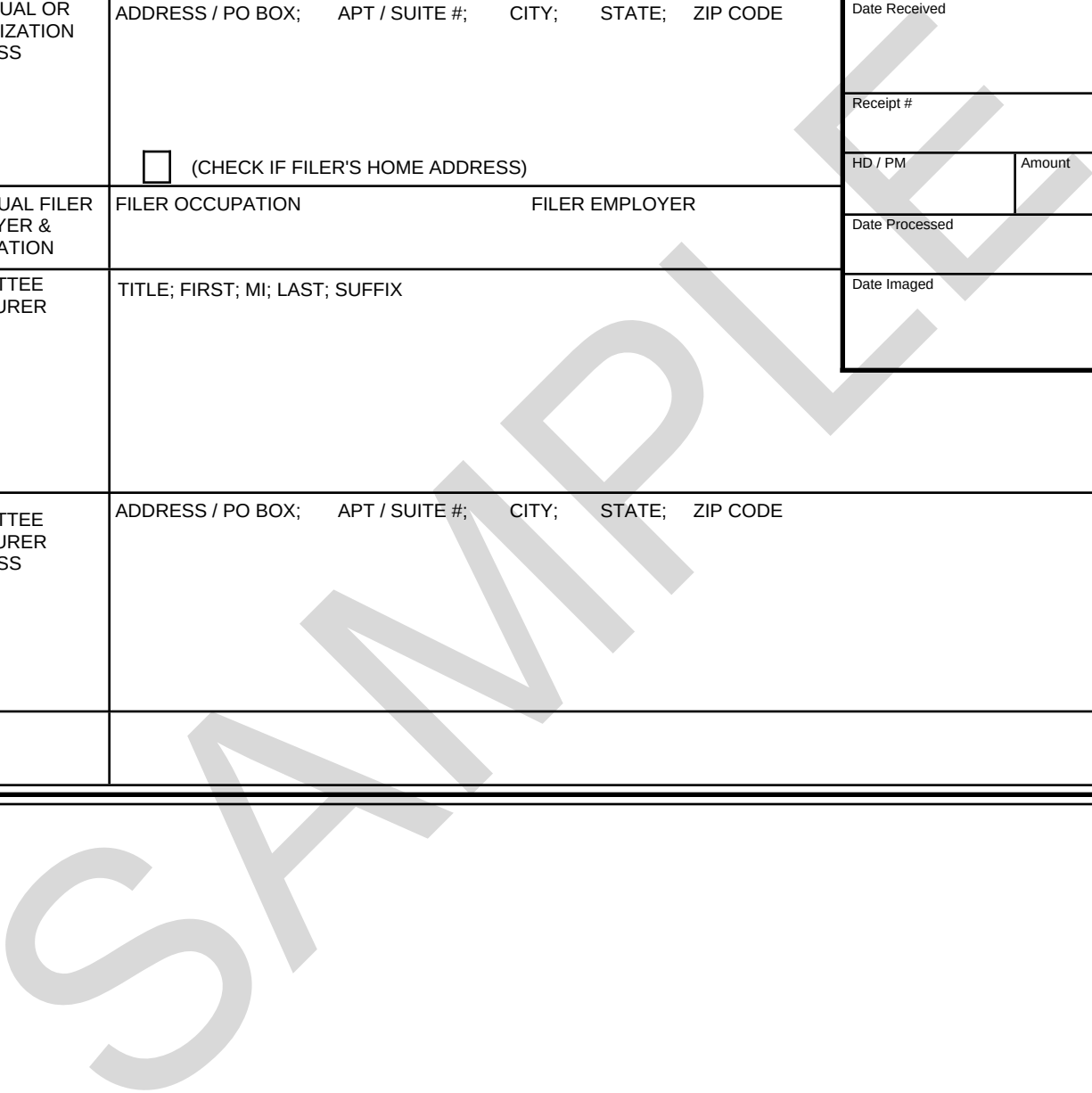


CITY OF AUSTIN
OFFICE OF THE CITY CLERK

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	PAGE #	
	LAST; SUFFIX	ACCOUNT #	
OFFICE USE ONLY			
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Received
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #
			<table border="1"> <tr> <td>HD / PM</td> <td>Amount</td> </tr> </table>
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			



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 <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought	(d) Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	(c) Office sought	(d) Office held
--	-------------------	-----------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	(c) Office sought	(d) Office held
--	-------------------	-----------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution (\$)
	7 Contributor address; City; State; Zip Code	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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