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.

Pre-Election Report Candidates and Officeholders:ATX.7
COVERSHEET

1 Filer ID	(Ethics Commission Filers)		**2** Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		**OFFICE USE ONLY** Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		Date Hand-delivered or Date Postmarked Receipt # / Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST		MI SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 OFFICE INFORMATION	OFFICE HELD (if any)	**12** OFFICE SOUGHT (if known)	

SAMPLE

Contribution

FORM COHATX7CONTRIB

1 FILER NAME	2 Filer ID (Ethics Commission Filers)	3 Total pages Schedule COHATX7CONTRIB:

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)	8 In-kind contribution
	6 Contributor address; City; State; Zip Code		

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)	In-kind contribution
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)	In-kind contribution
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)	In-kind contribution
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)	In-kind 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.

SAMPLE

Loans

FORM COHATX7LOAN

1 FILER NAME	**2** Filer ID (Ethics Commission Filers)	**3** Total pages Schedule COHATX7LOAN:
3 LOAN DATE		
4 LOAN AMOUNT		
LOAN DATE		
LOAN AMOUNT		
LOAN DATE		
LOAN AMOUNT		

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Expenditure

FORM **COHATX7EXPEND**

1 FILER NAME	**2** Filer ID (Ethics Commission Filers)	**3** Total pages Schedule COHATX7EXPEND:
4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	**(a)** Category	**(b)** Description
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	**(a)** Category	**(b)** Description
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	**(a)** Category	**(b)** Description

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Pre-Election Report Candidates and Officeholders

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

By signature below, I swear or affirm under penalty of perjury that the Pre-Election Report filed with this signature is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code Section 2-2-29 for the reporting period indicated.

Signature of Filer

SAMPLE