

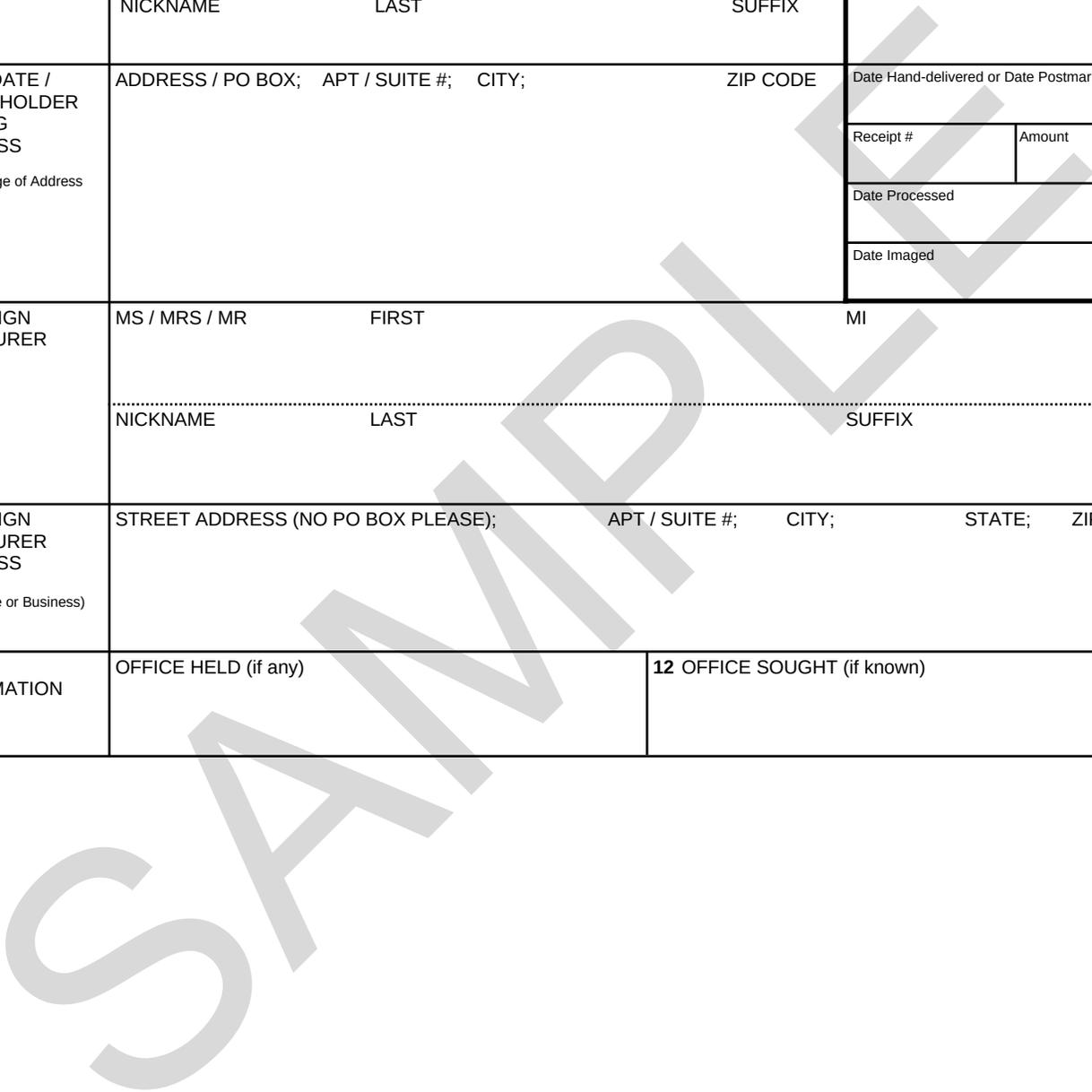


**CITY OF AUSTIN**  
**OFFICE OF THE CITY CLERK**

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.

# 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	<b>OFFICE USE ONLY</b>	
	..... NICKNAME                                      LAST                                              SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> 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                                              MI		
	..... NICKNAME                                      LAST                                              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)	



# Contribution

FORM COHATX7CONTRIB

<b>1</b> FILER NAME		<b>2</b> Filer ID (Ethics Commission Filers)		<b>3</b> Total pages Schedule COHATX7CONTRIB:	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of Contribution (\$)	<b>8</b> In-kind contribution		
<b>9</b> Principal occupation / Job title (See Instructions)			<b>10</b> Employer (See Instructions)		
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of Contribution (\$)</b>	<b>In-kind contribution</b>		
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of Contribution (\$)</b>	<b>In-kind contribution</b>		
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of Contribution (\$)</b>	<b>In-kind contribution</b>		
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of Contribution (\$)</b>	<b>In-kind contribution</b>		
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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

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