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 Covered Transfers Supporting Direct Campaign Expenditures: ATX.8

COVER SHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX	PAGE # ACCOUNT #
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ (CHECK IF FILER'S HOME ADDRESS)	**OFFICE USE ONLY** Date Received Receipt # HD / PM | Amount Date Processed Date Imaged
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
6 MEMO		

SAMPLE

ATX.8 Transfers Made

1 FILER NAME	**2** FILER ID	**3** Total pages Schedule ATX8EXPEND:

3 MEMO		
4 RECIPIENT NAME	LAST FIRST MI	
5 RECIPIENT ADDRESS	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE	
6 TRANSFER DETAILS	**(a)** TRANSFER DATE	**(b)** TRANSFER AMOUNT ($)
	(c) PURPOSE AND DESCRIPTION OF TRANSFER	
7 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

ATX.8 Transfers Made

1 FILER NAME	**2** FILER ID	**3** Total pages Schedule ATX8EXPEND:

3 MEMO		
4 RECIPIENT NAME	LAST FIRST MI	
5 RECIPIENT ADDRESS	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE	
6 TRANSFER DETAILS	**(a)** TRANSFER DATE	**(b)** TRANSFER AMOUNT ($)
	(c) PURPOSE AND DESCRIPTION OF TRANSFER	
7 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

ATX.8 Transfers Made

1 FILER NAME	**2** FILER ID	**3** Total pages Schedule ATX8EXPEND:

3 MEMO		
4 RECIPIENT NAME	LAST FIRST MI	
5 RECIPIENT ADDRESS	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE	
6 TRANSFER DETAILS	**(a)** TRANSFER DATE	**(b)** TRANSFER AMOUNT ($)
	(c) PURPOSE AND DESCRIPTION OF TRANSFER	
7 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

ATX.8 CONTRIBUTIONS RECIEVED

FORM ATX8CONTRIB

The Instruction Guide explains how to complete this form.

1 FILER NAME			**2** Filer ID (Ethics Commission Filers)
3 MEMO			
4 Contributor Name	**5** Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix		
6 Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation		
7 Contribution Details	Contribution Date		Contribution Amount($)
Contributor Name	Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix		
Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation		
7 Contribution Details	Contribution Date		Contribution Amount($)

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATX.8 CONTRIBUTIONS RECIEVED

FORM ATX8CONTRIB

The Instruction Guide explains how to complete this form.

1 FILER NAME			**2** Filer ID (Ethics Commission Filers)
3 MEMO			
4 Contributor Name	**5** Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix		
6 Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation		
7 Contribution Details	Contribution Date		Contribution Amount($)
Contributor Name	Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix		
Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation		
7 Contribution Details	Contribution Date		Contribution Amount($)

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATX.8 CONTRIBUTIONS RECIEVED

FORM ATX8CONTRIB

The Instruction Guide explains how to complete this form.

1 FILER NAME			**2** Filer ID (Ethics Commission Filers)
3 MEMO			
4 Contributor Name	**5** Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix		
6 Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation		
7 Contribution Details	Contribution Date		Contribution Amount($)

SAMPLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Report of Covered Transfers Supporting Direct Campaign Expenditures Declaration:

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 Report of Covered Transfers Supporting Direct Campaign Expenditures 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 2-2-34.

Signature of Filer

SAMPLE