



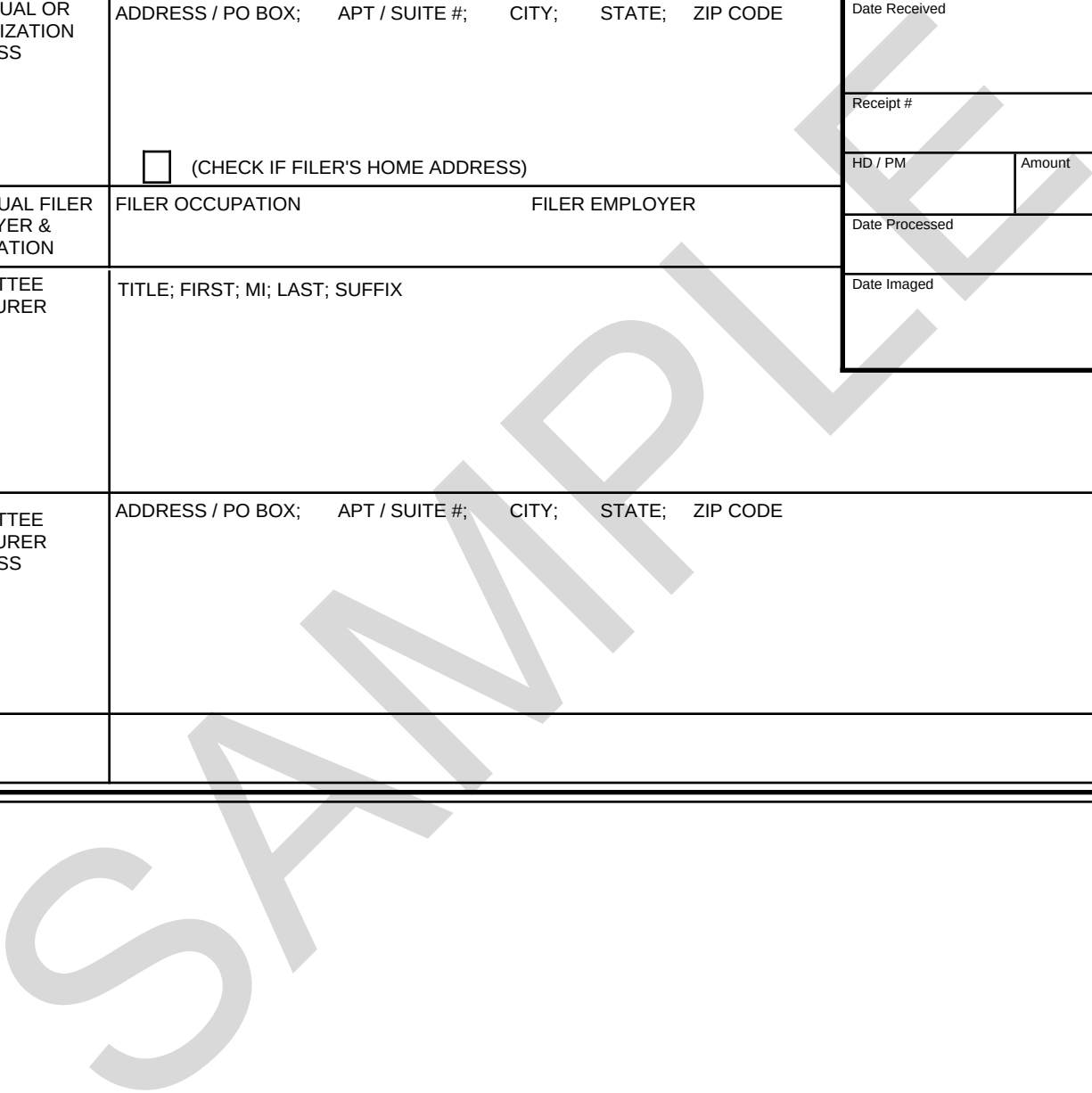
**CITY OF AUSTIN**  
**OFFICE OF THE CITY CLERK**

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 Covered Transfers Supporting Direct Campaign Expenditures: ATX.8

COVER SHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #		
	LAST; SUFFIX	ACCOUNT #		
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
	HD / PM	Amount		
<table border="1"> <tr> <td colspan="2">Date Processed</td> </tr> </table>		Date Processed		Date Imaged
Date Processed				
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				



# 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 <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

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**ATX.8 CONTRIBUTIONS RECIEVED**FORM **ATX8CONTRIB****The Instruction Guide explains how to complete this form.**

1 FILER NAME	2 Filer ID (Ethics Commission Filers)
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3 MEMO	
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4 Contributor Name	5 Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix
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6 Contributor Address and Employer	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation
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If contributon is out-of-state PAC, please see instruction guide for additional reporting requiremetns.

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SAMPLE

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**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