Report of Covered Transfers Supporting Direct Campaign Expenditures: ATX.8

COVER SHEET

-										
1	INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX Open Society Policy Center						PAGE # 3 ACCOUNT # 00090734		
								OFFICE USE ONLY		
2	INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1730 Pennsylvania Ave, NW, 7th Floor						Date Received ELECTRONICALLY FILED 09/29/2021 Receipt #		
		wasni	ngton, DC 2000		500)			HD / PM	Amount	
3	INDIVIDUAL FILER	FILER		ER'S HOME ADDR		EMPLOYE	R		Amount	
_	EMPLOYER & OCCUPATION							Date Processed	•	
4	COMMITTEE TREASURER NAME	TITLE;	FIRST; MI; LAST	; SUFFIX				Date Imaged		
5	COMMITTEE TREASURER ADDRESS	ADDRE	ESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			

ATX.8 Transf		2 FILER ID 00090734		3 Total pages Schedule ATX8EXPEND:			
3 RECIPIENT	LAST FIRST MI			Sch: 1/1 Rpt: 2/3			
AME 4 RECIPIENT ADDRESS	Equity Austin RECIPIENT AD PO Box 53	Equity Austin RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE					
5 TRANSFER DETAILS	Manchaca, TJ (a) TRANSFER 09/27/2021	DATE		(b) TRANSFER AMOUNT (\$) \$500,000.00			
		AND DESCRIPTION OF TRANSFER Intribution - Oppose Proposition A					
6 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/C LastName;	Officeholder name Suffix; FirstName; Title		t measure supported/opposed (CHECK IF BALLOT MEASURE) Proposition A OPPOSE			
	(c) Office soug	ht	(d) Office	e held			

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.

Open Society Policy Center

Signature of Filer