



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

☐ Office Use Only

OCC RECEIVED AT  
OCT 15 '18 PM4:29

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide**.

**Note:** To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>IndyAustin PAC</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>PO Box 41479</div> <b>City*</b> <div>Austin</div> <b>Apartment or Suite Number</b> <div></div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78704</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div></div> <b>First Name</b> <div>Linda</div> <b>Middle Initial</b> <div>J</div> <b>Last Name</b> <div>Curtis</div> <b>Suffix</b> <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>150 Southshore Road</div> <b>City</b> <div>Bastrop</div> <b>Apartment or Suite Number</b> <div></div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78602</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20181015</div>

\* Indicates a required field



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## 6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed herewith 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.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME



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

## Transfers Made

Itemize each transfer of funds made by the filer towards a direct campaign expenditure in Sections 1-4.  
For additional transfers, click "Add Another Transfer Page" below.

\* Indicates a required field

1	<b>RECIPIENT NAME</b> <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* CAC Advising Group LLC		
2	<b>RECIPIENT ADDRESS</b>	Recipient Address/ PO Box* 1624 Market St	Recipient Apartment or Suite Number 226	
		Recipient City* Denver	Recipient State* CO	Recipient Zip Code* 80202
3	<b>TRANSFER DETAILS</b>	Transfer Date* 20181012	(\$ Transfer Amount* \$15,500.00	
		Purpose and Description of the Transfer* Funds spent on the management and execution of a petition drive for future ordinance.		

#### 4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ordinance w/r/t sport/entertainment stadiums			



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

## Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

Itemize each contribution received by the filer in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>American Financial Benefits Center</div>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>1900 Powell Street</div> Contributor City* <div>Emeryville</div> Contributor Employer <div></div>	Contributor Apartment or Suite Number <div>#600</div> Contributor State* <div>CA</div> Contributor Zip Code* <div>94608</div> Contributor Occupation <div></div> Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20181012</div>	(\$) Contribution Amount* <div>\$30,000.00</div>

Add Another Contribution Page



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\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Kirk</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Mitchell</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Kirk	Organization Name or Contributor Last Name, as applicable*		Mitchell		Contributor Suffix																			
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