



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

☐ Office Use Only

OCC RECEIVED AT  
JUL 15 '19 PM 4:01

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	Committee or Organization Name* <div>Save Our Springs Alliance, Inc.</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>4701 West Gate Blvd.</div> City* <div>Austin</div> Apartment or Suite Number <div>D-401</div> State* <div>TX</div> Zip Code* <div>78745</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div></div> First Name <div></div> Middle Initial <div></div> Last Name <div></div> Suffix <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div></div> Apartment or Suite Number <div></div> City <div></div> State <div></div> Zip Code <div></div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20190715</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:

July 15, 2019

*[Handwritten Signature]*

SIGNATURE

*William G. French*

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

<b>1</b>	<b>RECIPIENT NAME</b> <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* Unconventional Austin SPAC		
<b>2</b>	<b>RECIPIENT ADDRESS</b>	Recipient Address/ PO Box* 1307 Oxford Ave	Recipient Apartment or Suite Number 	
		Recipient City* Austin	Recipient State* TX	Recipient Zip Code* 78704
<b>3</b>	<b>TRANSFER DETAILS</b>	Transfer Date* 20190521	(\$ Transfer Amount* \$10,000.00	
		Purpose and Description of the Transfer* To provide funds for petition collection, not for electioneering comm. or dir. campaign expenditures		

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)
support petition for ballot measure			



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	Recipient City* <div>Austin</div>	Recipient State* <div>TX</div>	Recipient Zip Code* <div>78704</div>
<b>3</b>  <b>TRANSFER DETAILS</b>	Transfer Date* <div>20190626</div>		
	(\$ Transfer Amount* <div>\$1,343.00</div>		
	Purpose and Description of the Transfer* <div>To provide funds for petition collection, not for electioneering com. or dir. campaign expenditures</div>		

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## 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 checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Brian</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Rodgers</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2">Mr.</td></tr></table>	Contributor Title	Contributor First Name*		Brian	Organization Name or Contributor Last Name, as applicable*		Rodgers		Contributor Suffix		Mr.																	
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<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1112 W. 9th	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78703
		Contributor Employer self-employed	Contributor Occupation Real Estate Investments	Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals		
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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
			John Kirk	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		Mitchell		Mr.
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		P.O. Box 4023		
		Contributor City*		Contributor State* Contributor Zip Code*
		Austin		TX 78765
		Contributor Employer		Contributor Occupation
		self-employed		Investments
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<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 500 Lone Oak	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78704
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<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1303 Bentwood Rd.		Contributor Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78722
		Contributor Employer Self-employed		Contributor Occupation Investments	
		Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals			
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