

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Morgan</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Witt</p>	PAGE # <p style="text-align: center;">5</p> ACCOUNT # <div style="background-color: black; width: 50px; height: 15px; margin: 0 auto;"></div>										
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 4025 Duval Rd Apt 2127 AUSTIN, TX 78759 <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received ELECTRONICALLY FILED 08/23/2020 Receipt #										
3 Spouse or Domestic Partner whose financial activity you are reporting		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">HD / PM</td> <td style="width:50%; text-align: center;">Amount</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date Processed</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged					
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4 REASON FOR FILING STATEMENT	<table style="width:100%;"> <tr> <td style="width:20px;"><input type="checkbox"/></td> <td>MAYOR</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CITY COUNCIL MEMBER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CITY STAFF/EMPLOYEE</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>CANDIDATE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>BOARD MEMBER</td> </tr> </table> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2019.</p> <p>Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>		<input type="checkbox"/>	MAYOR	<input type="checkbox"/>	CITY COUNCIL MEMBER	<input type="checkbox"/>	CITY STAFF/EMPLOYEE	<input checked="" type="checkbox"/>	CANDIDATE	<input type="checkbox"/>	BOARD MEMBER
<input type="checkbox"/>	MAYOR											
<input type="checkbox"/>	CITY COUNCIL MEMBER											
<input type="checkbox"/>	CITY STAFF/EMPLOYEE											
<input checked="" type="checkbox"/>	CANDIDATE											
<input type="checkbox"/>	BOARD MEMBER											

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	LexisNexis Risk Solutions
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 1000 Alderman Drive Alpharetta, GA 30005
3 NATURE OF OCCUPATION OR BUSINESS	Education Advisor
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	

NAME OF EMPLOYER OR SOURCE OF INCOME	Urban Axes
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 812 Airport Blvd Austin, TX 78702
NATURE OF OCCUPATION OR BUSINESS	Axe Throwing Coach
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	
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STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Morgan Witt

Signature of Filer