1	UNDE	0 183	\sim

RECEIVED Office Use Only 2016 NOV 2 AM 10 22

AUSTIN CITY CLERK

(Previously Independent Expenditures not by a Candidate)

1 INDIVIDUAL OR ORGANIZATION NAME Filer is an individual	Committee or Organization Name* ANSTINITES for Equity	
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/PO Box* 1812 Centre Creek Drive City* Austin	Apartment or Suite Number 310 State* Zip Code* TX 18154
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Jack Last Name Kirfman	Middle Initial Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/PO Box 15408 Interlachen City Austin	Apartment or Suite Number
5 REPORT DATE	Date Filed (yyyymmdd)*	

* Indicates a required field



(Previously Independent Expenditures not by a Candidate)

6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of 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 2-2-32.

DATE: 11 - 01 - 2016AFFIANT'S SIGNATURE

Jack Kir

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

ChRIS BLANTON

On the

day of NOEMES, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

CHRIS BLANTON Notary Public, State of Texas Comm. Expires 02-26-2020 Notary ID 130557468

Cheis Blanton

Typed or Printed Name of Notary



Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1		
PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	
Payee is an individual	Austin Tejano Dems	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	2544 Stoutwood Circ	12
ADDRESS	Payee City*	Payee State [*] Payee Zip Code [*]
	Austin	TX 78754
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Printing	\$1,000
DETAILS	Description (If Category is "Other")	Expenditure Date*
		9/28/16

4 Identify each candidate or ballot m	easure supported or opposed by the	above expenditure, a	s applicable
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Garza	Delia	City Council 2	CityCouncil D2
· · · · · · · · · · · · · · · · · · ·	·		
		· · ·	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · ·
	· · · · · · · · · · · · · · · · · · ·		



Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1			· · · ·	
PAYEE		· · · · ·		
NAME	Organization Name or Payee Last Name, as applicable*		· .	
Payee is an individual	Austin Tejano Denis			
2	Payee Address/ PO Box*	Payee Apartment or	Suite Number	
PAYEE	2544 Stoutwood Circle			
ADDRESS	Payee City*	Pavee State*	Payee Zip Code*	
	Austin	TX	78754	
3	Category*	(\$) Expenditure Am	ount*	
EXPENDITURE	Printing	\$1,D0	0	
DETAILS	Description (If Category is "Other")	Expenditure Date*		
		9128	116	

4 Identify each candidate or ballot m	easure supported or oppo	osed by the above expenditure,	as applicable
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Nam (if applicable)	e Office Sought (if applicable)	Office Held (if applicable)
Casar	Greg	City Council D4	CityCouncil D4
	······································		······································
			·
· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
		· · · ·	
		· · ·	



Expenditure

(Previously Independent Expenditures not by a Candidate)

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	c+
2 PAYEE ADDRESS	Payee Address/PO Box* PO BOX 66861 Payee City* AUSTIN	Payee Apartment or Suite Number Payee State* Payee State* Payee Zip Code* 78766
3 EXPENDITURE DETAILS	Consulting expense Description (If Category is "Other")	(\$) Expenditure Amount* 4 ,000 Expenditure Date* 9 ,20,10

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable) Jimmy		Office Sought (if applicable)		Office Held (if applicable)	
Flannigan			City Council D6	CityC		
,						
·	·	· · ·				
	•	x			-	
. · · ·						
· · · ·						
·	· · · · · · · · ·					
,						
· · · · · · · · · · · · · · · · · · ·		·				

Add Another Expenditure Page

Revised 8/4/2016 Page 3 of 4