

#### **Report Of Direct Campaign Expenditures: Schedule ATX.1** (Previously Independent Expenditures not by a Candidate)

2016 NOV 2 AM 10 22

AUSTIN CITY CLERK

REGEIVED

1	Committee or Organization Name*		
INDIVIDUAL	Austinites for Equity		
OR			
ORGANIZATION			
NAME			•
Filer is an individual			
		•	
2 .	Address/ PO Box*	Apartment or Sui	te Number
INDIVIDUAL OR	1812 Centre Creek Dr	310	
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	Тх	78754
		J. L	J L
3	Title First Name		liddle Initial
COMMITTEE TREASURER	Jack		
NAME	Last Name	Suffix	
(if applicable)	Kirfman		
4	Address/ PO Box	Apartment or Suite Number	
COMMITTEE TREASURER	15408 Interlachen Drive		
ADDRESS	City	State	Zip Code
(if applicable)	Austin	Тх -	78717
5 .	No.		
REPORT DATE	Date Filed (yyyymmdd)*		
·	20161007	·	

Office Use Only

<sup>\*</sup> Indicates a required field



#### 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: 11-01-2016

AFFANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

**COUNTY OF TRAVIS** 

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

j

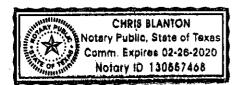
\_day of \_ W Ne whe\_

1016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

1215 Blow





# **Expenditure**

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

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *		
Payee is an individual	Littlefield Consulting		
	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	PO Box 90591		
ADDRESS	Payee City*	Payee State* Payee Zip Code*	
	Austin	TX 78709	
	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Consulting Expense	\$750.00  Expenditure Date*	
DETAILS	Description (If Category is "Other")		
	Survey	20161006	

Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Flannigan	Jimmy		City Council District 6		
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Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

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PAYEE				
NAME	Organization Name or Payee Last Name, as applicable*	_		
Payee is an individual	Texas Vote Environment PAC			
2	Payee Address/ PO Box*	Payee Apartment or Suite Number		
PAYEE	600 West 28th Street			
ADDRESS	Payee City*	Payee State *	Payee Zip Code*	
	Austin	ТХ	78705	
3	Category*	(\$) Expenditure A	.mount*	
EXPENDITURE	Other (use Description field)	\$750.00		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
	Canvasing	20161006		
	<u> </u>		·	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan	Jimmy	City Council District 6	
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Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

4 - p			
PAYEE			i di
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Texas Vote Environment PAC		
	Payee Address/ PO Box*	Payee Apartment	t or Suite Number
PAYEE	600 West 28th Street	202	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	7870S
<del> </del>	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Other (use Description field)	-	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
<u>.</u>	Canvasing	20161006	

Candidate Last Name or Ballot Measu Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Pool	Leslie	City Council District 7	City Council District 7	
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