



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 NOV 22 PM 4 42

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Austinites for Equity		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 1812 Centre Creek Dr		Apartment or Suite Number 310
	City* Austin	State* TX	Zip Code* 78754
3 COMMITTEE TREASURER NAME (if applicable)	Title 	First Name Jack	Middle Initial
	Last Name Kirfman	Suffix 	
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 15408 Interlachen Dr		Apartment or Suite Number
	City Austin	State TX	Zip Code 78717
5 REPORT DATE	Date Filed (yyyymmdd)* 20161122		

* Indicates a required field



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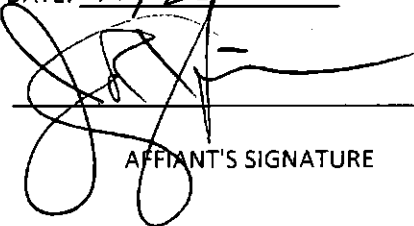
(Previously Independent Expenditures not by a Candidate)

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: 11/22/16


AFFIANT'S SIGNATURE

Jack Kirfman

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Jack Kirfman

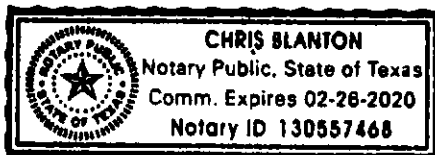
On the 22 day of NOVEMBER, 2016, to certify which witness my hand and official seal.



Chris Blanton

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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Expenditure

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

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Texas Vote Environment		
2	PAYEE ADDRESS	Payee Address/ PO Box* 600 West 28th Street	Payee Apartment or Suite Number 202	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78705
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$1,000.00	
		Description (If Category is "Other") Canvassing	Expenditure Date* 20161118	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter	Alison	City Council District 10	



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* ARBOR PAC		
2	PAYEE ADDRESS	Payee Address/ PO Box* 8127 Mesa Dr #B-2016 PMB 255	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78759
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$1,000.00	
		Description (If Category is "Other") Contribution	Expenditure Date* 20161118	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter	Alison	City Council District 10	

Add Another Expenditure Page



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer* Contributor Occupation* <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyyymmdd)* (\$) Contribution Amount* <input type="text"/> <input type="text"/>

[Add Another Contribution Page](#)