	Report of Covered Transfers Supporting Direct Campaign Expenditures: ATX.8 COVER SHEET							
1	INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #					
		LAST; SUFFIX VOTE PAC	O0090740					
			OFFICE U	JSE ONLY				
2	INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Jack Kirfman, Treasurer 3571 Far West Blvd PMB 149 Austin , TX 78731-3064 (CHECK IF FILER'S HOME ADDRESS)	Date Received ELECTRONICA 10/14/2021 Receipt #	ALLY FILED				
3	INDIVIDUAL FILER	FILER OCCUPATION FILER EMPLOYER	_					
H	EMPLOYER & OCCUPATION		Date Processed					
4	COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged					
5	COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						

ATX.8 Transfe	rs Made					
1 FILER NAME VOTE PAC		2 FILER ID 00090740		3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/3		
3 RECIPIENT NAME	LAST FIRST N Austinites for I					
4 RECIPIENT ADDRESS	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE 1812 Centre Creek Dr Suite 310					
		Austin, TX 78754				
5 TRANSFER (a) TRANSFER DATE DETAILS 10/04/2021			(b) TRANSFER AMOUNT (\$) \$5,000.00			
	(c) PURPOSE A	ND DESCRIPTION OF TRANSFER				
6 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/C LastName;	officeholder name Suffix; FirstName; Title	X (measure supported/opposed (CHECK IF BALLOT MEASURE) Prop A OPPOSE		
	(c) Office sough	nt	(d) Office	held		

Report of Covered Transfers Supporting Direct Campaign Expenditures Declaration:

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.					
	By signature below, I swear or affirm under penalty of perjury that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed with this signature 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.				
	VOTE PAC				
	Signature of Filer				