

#### AUSTIN CITY CLERK RECEIVED

2016 NOU 4 PM 1 34

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide** 

										_
1		Committee Name*								
	COMMITTEE NAME	NAME Austinites for Equity								
2		Address/ PO Bo	эх			Apa	artment or S	uite Number		
	COMMITTEE	· · · · · · · · · · · · · · · · · · ·				310				
	ADDRESS					Sta	te	Zip Code		
		Austin				тх		78754		][
3	COMMITTEE TREASURER	Title	First Name					Middle Initial	1	
	NAME	Nickname		Last Nam Kirfman	e	-			Suffix	
4		Address/ PO Box 15408 Interlachen Dr					Apartment or Suite Number			_ _
	COMMITTEE TREASURER								· -··-	إل
	ADDRESS	City				Sta	te	Zip Code		7
		Austin				TX 78717			إ	
5		Start Date (yyyymmdd)*					End Date (yyyymmdd)*			
	REPORTING PERIOD	20161031		THROUGH		20161103		]		
		٠								_

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

6 SCHEDULES	Schedule ATX.7A - Pre-Election Report of Contributions
ATTACHED	
Check box for each form	Schedule ATX.7F - Pre-Election Report of Expenditures
attached	

#### **AFFIDAVIT**

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.

Signature of Affiant

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

C Que Blak

Chrys Blanton

Notary Public

### Contribution



# Pre-Election Report of Contributions: Schedule ATX.7A

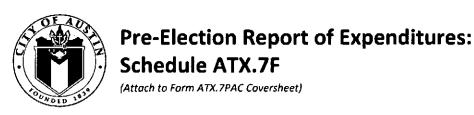
(Attach to Form ATX.7PAC Coversheet)

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

\* Indicates a required field

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Organization Name or Contributor Last Name, as application	ble* Contributor Suffix		
CONTRIBUTOR	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		
ADDRESS AND	Contributor City*	Contributor State* Contributor Zip Code*		
EMPLOYER	Contributor Employer	Contributor Occupation		
	Per City Code 2-2-29(d), employer and occupation are rec	quired for individuals whose contribution is \$200 or more		
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*		
CONTRIBUTION DETAILS		0.60		
DETAILS	In-Kind Contribution Description, if applicable			

Add Another Contribution Page



## **Expenditure**

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

**Note:** To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures** 

<ul> <li>Indicates a required field</li> </ul>	t
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PAYEE  NAME  Payee is an individual	Organization Name or Payee Last Name, as applicable*  Kelly Graphics		
PAYEE ADDRESS	Payee Address/ PO Box*  1409 Quaker Ridge  Payee City*	Payee Apartment of Payee State*	Payee Zip Code*
	Austin	_ Tx	78746
3	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Advertising Expense \$5,978.85		
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161103	

Add Another Expenditure Page