

AUSTIN CITY CLERK RECEIVED

		2016 DEC 8 PM	3 54
1	Committee or Organization Name*		
INDIVIDUAL	Austinites for Equity PAC		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
			1
			<u> </u>
2	Address/ PO Box*	Apartment or	Suite Number
INDIVIDUAL OR ORGANIZATION	1812 Centre Creek Drive #310		
	City*	State*	Zip Code*
ADDRESS	Austin	тх	78754
3		<u> </u>	NOTE TO LEGISLA
COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	Jack		
(if applicable)	Last Name Suffix		
	Kirfman		
4	Address/ PO Box	Apartment or	Suite Number
COMMITTEE TREASURER	15408 Interlachen Dr.		
ADDRESS	City	State	Zip Code
(if applicable)	Austin	TX	78758
5			
REPORT DATE	Date Filed (yyyymmdd)*		
NEFORT DATE	20161208		

^{*} 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.

SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

الملك , كالح , to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





Expenditure

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	Kelly Graphics		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1409 Quaker Ridge		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78746
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Printing Expense	\$6,134.68	
DETAILS	Description (If Category is "Other")	Expenditure Date ³	k
		20161207	
		-	

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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