



# Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

☐ Office Use Only

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SEP 20 '18 PM 4:46

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide**.

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

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Austinites for Equity</div>		
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>1812 Centre Creek Dr.</div>		<b>Apartment or Suite Number</b> <div>310</div> <b>City*</b> <div>Austin</div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78754</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div></div> <b>First Name</b> <div>Jack</div> <b>Middle Initial</b> <div></div> <b>Last Name</b> <div>Kirfman</div> <b>Suffix</b> <div></div>		
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>15408 Interlachen Drive</div> <b>City</b> <div>Austin</div>		<b>Apartment or Suite Number</b> <div></div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78758</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20180920</div>		

\* Indicates a required field



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## 6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting 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 2-2-34.

DATE:

9-20-18

SIGNATURE

PRINT NAME



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## Transfers Made

Itemize each transfer of funds **made** by the filer towards a direct campaign expenditure in Sections 1-4.  
For additional transfers, click "Add Another Transfer Page" below.

\* Indicates a required field

<b>1</b>	<b>RECIPIENT NAME</b> <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable * Austin Citizens for Truthful Petitions PAC		
<b>2</b>	<b>RECIPIENT ADDRESS</b>	Recipient Address/ PO Box * 1507 West 6th St.	Recipient Apartment or Suite Number 	
		Recipient City * Austin	Recipient State * TX	Recipient Zip Code * 78703
<b>3</b>	<b>TRANSFER DETAILS</b>	Transfer Date * 20180918	(\$ Transfer Amount * \$5,000.00	
		Purpose and Description of the Transfer * Contribution		

### 4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure

Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Oppose Prop K			

Add Another Transfer Page



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## Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

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

\* Indicates a required field

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* AFSCME Local No. 1624		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1812 Centre Creek Dr.	Contributor Apartment or Suite Number 310	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78754
	Contributor Employer 	Contributor Occupation 	
	Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20180830	(\$ ) Contribution Amount* \$10,000.00	

Add Another Contribution Page