



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

☐ Office Use Only

OCC RECEIVED AT
OCT 29 '18 PM 3:48

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**

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. City* Austin Apartment or Suite Number 310 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 1812 Centre Creek Dr. City Austin Apartment or Suite Number 310 State TX Zip Code 78754
5 REPORT DATE	Date Filed (yyyymmdd)* 20181029

* 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: 10-29-18

[Signature]
SIGNATURE

Jack Kirman

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

1 RECIPIENT NAME <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* Austin Citizens for Truthful Petitions PAC		
2 RECIPIENT ADDRESS	Recipient Address/ PO Box* 1507 West 6th St.	Recipient Apartment or Suite Number 	
	Recipient City* Austin	Recipient State* TX	Recipient Zip Code* 78703
3 TRANSFER DETAILS	Transfer Date* 20181029		
	(\$ Transfer Amount* \$3,000.00		
	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			