1		· · · · · · · · · · · · · · · · · · ·			OCC RECEIVED DEC 5'18 PM3'	
•	Committee or	Organization Name*	•		DEG 3, 10 kM3 (VO
INDIVIDUAL	Austinites for 8	Equity				
OR					<u> </u>	
ORGANIZATION						
NAME 						
Filer is an individual			•			
	 					
INDIVIDUAL OR	Address/ PO Box*		Apartment or Suite Number			
ORGANIZATION	1812 Centre Creek Dr.		310			
ADDRESS	City*		State*	Zip Code*		
	Austin			тх	78754	
3						
COMMITTEE TREASURER	Title	Windle IIII		Middle Initial		
NAME		Jack				
(if applicable)	Last Name Suffix					
•	Kirfman					
4	Address/ PO Bo			Apartment	or Cuita Numb	-
COMMITTEE TREASURER	15408 Interlachen Dr.		Apartment or Suite Number			
ADDRESS	City			State	7: 0	
(if applicable)	Austin		, , , , , , , , , , , , , , , , , , , ,	TX	Zip Code	· · ·
					78758	
REPORT DATE	Date Filed (yyy)	/mmdd)*				
KEPUKI DAIE	20181205					
						

^{*} 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.

DATE: 12-4-18

JACK KIFMAN

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Tack Kifman

On the 4th day of 1200 years, 2018, to certify which witness my hand and official seal.

Sugar Harry

Notary Public in and fok 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.

PAYEE NAME Payee is an Individual	Organization Name or Payee Last Name, as applicable* Clean Water Action		
PAYEE ADDRESS	Payee Address/ PO Box* 600 W 28th St Payee City* Austin	Payee Apartment Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Other (use Description field) Description (If Category is "Other") Contribution	(\$) Expenditure A \$2,000.00 Expenditure Date 20181204	

Candidate Last Name or Ballot Measure Supported/Opposed *		First Name plicable)	. Office Sought (if applicable)	Office Held (if applicable)
Salazar	Mariana	'	Austin City Council, District 1	
	<u> </u>			
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				· <u> </u>
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	-			



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	Clean Water Action	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	600 W 28th St	
ADDRESS	Payee City*	Payee State * Payee Zip Code *
	Austin	TX 78705
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Other (use Description field)	\$1,000.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
	Contribution	20181204

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
illis	Paige	Austin City Council, District 8	
	•		
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			- · · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
	•		



Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

		· Add Allother Co	intribution rage below.
CONTRIBUTOR	Contributor Title Contributor First Name*		·
NAME	Natin		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable *	Contributor Suffix	
	Paul		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	401 Congress Ave.	3rd Floor	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701
EMPLOYER	Contributor Employer*	Contributor Occupat	tion*
	World Class Holdings	President	
3			
CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181204	\$5,000.00	
	· · · · · · · · · · · · · · · · · · ·		



Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1		· · · · · · · · · · · · · · · · · · ·	
CONTRIBUTOR	·		
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Stratus Properties		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	212 Lavaca St.	300	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181204	\$5,000.00	
DETAILS			

Add Another Contribution Page