



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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DEC 10 '18 PM 3:22

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austinites for Equity</div>												
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td>Apartment or Suite Number</td></tr><tr><td colspan="2"><div>1812 Centre Creek Dr.</div></td><td><div></div></td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td><div>78754</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number	<div>1812 Centre Creek Dr.</div>		<div></div>	City*	State*	Zip Code*	<div>Austin</div>	<div>TX</div>	<div>78754</div>
Address/ PO Box*		Apartment or Suite Number											
<div>1812 Centre Creek Dr.</div>		<div></div>											
City*	State*	Zip Code*											
<div>Austin</div>	<div>TX</div>	<div>78754</div>											
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div></div></td><td><div>Jack</div></td><td><div></div></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Kirfman</div></td><td><div></div></td></tr></table>	Title	First Name	Middle Initial	<div></div>	<div>Jack</div>	<div></div>	Last Name		Suffix	<div>Kirfman</div>		<div></div>
Title	First Name	Middle Initial											
<div></div>	<div>Jack</div>	<div></div>											
Last Name		Suffix											
<div>Kirfman</div>		<div></div>											
4 COMMITTEE TREASURER ADDRESS (if applicable)	<table><tr><td colspan="2">Address/ PO Box</td><td>Apartment or Suite Number</td></tr><tr><td colspan="2"><div>15408 Interlachen Dr.</div></td><td><div></div></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td><div>78758</div></td></tr></table>	Address/ PO Box		Apartment or Suite Number	<div>15408 Interlachen Dr.</div>		<div></div>	City	State	Zip Code	<div>Austin</div>	<div>TX</div>	<div>78758</div>
Address/ PO Box		Apartment or Suite Number											
<div>15408 Interlachen Dr.</div>		<div></div>											
City	State	Zip Code											
<div>Austin</div>	<div>TX</div>	<div>78758</div>											
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181210</div>												

* Indicates a required field



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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: 12-10-18

[Signature]
AFFIANT'S SIGNATURE

STATE OF TEXAS

COUNTY OF TRAVIS

Jack Kirfman
PRINT NAME

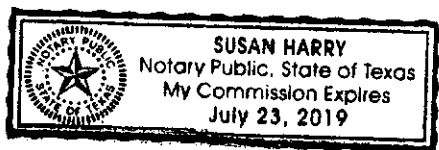
This instrument was acknowledged, sworn to and subscribed before me by

Jack Kirfman

On the 10th day of December, 2018, to certify which witness my hand and official seal.

[Signature]
Notary Public in and for the State of Texas

Susan Harry
Typed or Printed Name of Notary





Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]



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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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* GNI Consulting		
2 PAYEE ADDRESS	Payee Address/ PO Box* PO Box 685008	Payee Apartment or Suite Number 	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78768
3 EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$2,150.00	
	Description (If Category is "Other") 	Expenditure Date* 20181207	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
(Oppose) Ward	Frank	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.

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* United Assn of Journeyman & Apprentices of Plumbing & Pip		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 814 Airport Blvd.	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78702
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181207		(\$) Contribution Amount* \$500.00

Add Another Contribution Page