



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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DEC 11 '18 PM 3:48

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	<div>Address/ PO Box*<div>1812 Centre Creek Dr.</div></div> <div>Apartment or Suite Number<div></div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78754</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div>Title<div></div></div> <div>First Name<div>Jack</div></div> <div>Middle Initial<div></div></div> <div>Last Name<div>Kirfman</div></div> <div>Suffix<div></div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div>Address/ PO Box<div>15408 Interlachen Dr.</div></div> <div>Apartment or Suite Number<div></div></div> <div>City<div>Austin</div></div> <div>State<div>TX</div></div> <div>Zip Code<div>78758</div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181211</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: 12-11-18

[Signature]
AFFIANT'S SIGNATURE
STATE OF TEXAS

COUNTY OF TRAVIS

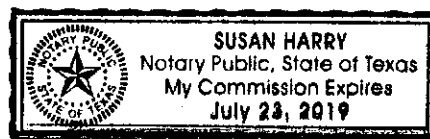
This instrument was acknowledged, sworn to and subscribed before me by

Jack Kirfman

On the 11th 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





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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* Kelly Graphics		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1409 Quaker Ridge	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78746
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$14,621.79	
		Description (If Category is "Other")	Expenditure Date* 20181210	

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	
(Support) Salazar	Mariana	Austin City Council, District 1	



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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* <input type="text"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/>	
	Contributor City* <input type="text"/>	Contributor State* TX	Contributor Zip Code* <input type="text"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>		(\$) Contribution Amount* <input type="text"/>

Add Another Contribution Page