Report of Direct Campaign Expenditures:ATX.1 COVERSHEET					
TITLE; FIRST; MI					
I ACT- CLIEELY					
	00090449				
	OFFICE I	JSE ONLY			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310		ALLY FILED			
Austin, 1X 78754					
(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount			
FILER OCCUPATION FILER EMPLOYER	Date Processed				
TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged				
Jack					
Kirfman					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310					
Austin, TX 78754					
	TITLE; FIRST; MI LAST; SUFFIX Austinites for Equity ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310 Austin, TX 78754 (CHECK IF FILER'S HOME ADDRESS) FILER OCCUPATION FILER EMPLOYER TITLE; FIRST; MI; LAST; SUFFIX Jack Kirfman ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310	TITLE; FIRST; MI LAST; SUFFIX Austinites for Equity ACCOUNT # 00090449 OFFICE U ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310 Austin, TX 78754 (CHECK IF FILER'S HOME ADDRESS) FILER OCCUPATION FILER EMPLOYER Date Processed TITLE; FIRST; MI; LAST; SUFFIX Jack Kirfman ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310			

Expenditure		FORM ATX1EXPEND
FILER NAME Austinites for Equity	2 FILER ID 00090449	3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/4
4 PAYEE NAME	LAST FIRST MI MAP	<u> </u>
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; 2400 S. 4th St.	State; Zip Code
6 EXPENDITURE DETAILS	Austin, TX 78704 (a) Category Advertising Expense	(b) Description
	(c) Date 10/16/2020	(d) Amount (\$) \$10,420.00
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Chincanch David	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought Council Member, District 2	(d) Office held

Contribution FORM ATX1CONTRIB					
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/1 Rpt: 3/4		
2	2 FILER NAME Austinites for Equity		3 Filer ID (Ethics Commission Filers) 00090449		
4	Date 10/16/2020	 Full name of contributor out-of-state PAC (ID#: The Action PAC Contributor address; City; State; Zip Code 3041 Mission St #307 San Francisco, CA 94110 		7 Amount of Contribution (\$) \$1,900.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	

Report of Direct Campaign Expenditures: ATX.1

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This information serves as the electronic signature of the person legally responsible for filing this report.				
	I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.			
	Austinites for Equity			
	Signature of Filer			