	of Covered Transfers Supporting Direct gn Expenditures: ATX.8	COVER SHEET
1 INDIVIDUAL O ORGANIZATIO NAME	DN	PAGE #
	LAST; SUFFIX Austinites for Equity	O0090449
		OFFICE USE ONLY
2 INDIVIDUAL C ORGANIZATIO ADDRESS		Date Received ELECTRONICALLY FILED 10/13/2021 Receipt #
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM Amount
3 INDIVIDUAL FI FMPI OYER & OCCUPATION	LER FILER OCCUPATION FILER EMPLOYER	Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged
	Jack	
	Kirfman	
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310	
	Austin, TX 78754	

ATX.8 Transfers	s Made			
FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 2/4
	LAST FIRST MI Texas Vote Environment			
ADDRESS	RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE 600 West 28th St. #202			
	Austin, TX 787			
5 TRANSFER DETAILS	(a) TRANSFER I 10/11/2021	DATE		ISFER AMOUNT (\$) 000.00
	(c) PURPOSE A	ND DESCRIPTION OF TRANSFER		
6 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/O LastName;	fficeholder name Suffix; FirstName; Title	X (measure supported/opposed CHECK IF BALLOT MEASURE) Prop A OPPOSE
((c) Office sough	t	(d) Office	held

ATX.8 CONTRIBUTIONS RECIEVED FORM ATX8CONTRIB The Instruction Guide explains how to complete this form. 1 FILER NAME Filer ID (Ethics Commission Filers) Austinites for Equity 00090449 Contributor 4 Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix Name **VOTE PAC** Contributor Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation Address 3571 Far West Blvd. and Employer PMB 149 Austin, TX 78731 6 Contribution Contribution Date Contribution Amount(\$) Details \$5,000.00 10/05/2021

Report of Covered Transfers Supporting Direct Campaign Expenditures Declaration:

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.				
	By signature below, I swear or affirm under penalty of perjury that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed with this signature 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.			
	Acceptation for Facility			
	Austinites for Equity Signature of Filer			