



Pre-Election Report Political Committees Form ATX.7PAC

Office Use Only

OCC RECEIVED AT
NOV 2 '18 PM4:41

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1 COMMITTEE NAME	Committee Name* <input type="text" value="Austinites for Equity"/>												
2 COMMITTEE ADDRESS	<table border="1"> <tr> <td>Address/ PO Box</td> <td colspan="2">Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="1812 Centre Creek"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78754"/></td> </tr> </table>	Address/ PO Box	Apartment or Suite Number		<input type="text" value="1812 Centre Creek"/>	<input type="text"/>		City	State	Zip Code	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78754"/>
Address/ PO Box	Apartment or Suite Number												
<input type="text" value="1812 Centre Creek"/>	<input type="text"/>												
City	State	Zip Code											
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78754"/>											
3 COMMITTEE TREASURER NAME	<table border="1"> <tr> <td>Title</td> <td>First Name</td> <td>Middle Initial</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="Jack"/></td> <td><input type="text"/></td> </tr> <tr> <td>Nickname</td> <td>Last Name</td> <td>Suffix</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="Kirfman"/></td> <td><input type="text"/></td> </tr> </table>	Title	First Name	Middle Initial	<input type="text"/>	<input type="text" value="Jack"/>	<input type="text"/>	Nickname	Last Name	Suffix	<input type="text"/>	<input type="text" value="Kirfman"/>	<input type="text"/>
Title	First Name	Middle Initial											
<input type="text"/>	<input type="text" value="Jack"/>	<input type="text"/>											
Nickname	Last Name	Suffix											
<input type="text"/>	<input type="text" value="Kirfman"/>	<input type="text"/>											
4 COMMITTEE TREASURER ADDRESS	<table border="1"> <tr> <td>Address/ PO Box</td> <td colspan="2">Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="1812 Centre Creek"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78754"/></td> </tr> </table>	Address/ PO Box	Apartment or Suite Number		<input type="text" value="1812 Centre Creek"/>	<input type="text"/>		City	State	Zip Code	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78754"/>
Address/ PO Box	Apartment or Suite Number												
<input type="text" value="1812 Centre Creek"/>	<input type="text"/>												
City	State	Zip Code											
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78754"/>											
5 REPORTING PERIOD	<table border="1"> <tr> <td>Start Date (yyyyymmdd)*</td> <td>THROUGH</td> <td>End Date (yyyyymmdd)*</td> </tr> <tr> <td><input type="text" value="20181101"/></td> <td></td> <td><input type="text" value="20181101"/></td> </tr> </table>	Start Date (yyyyymmdd)*	THROUGH	End Date (yyyyymmdd)*	<input type="text" value="20181101"/>		<input type="text" value="20181101"/>						
Start Date (yyyyymmdd)*	THROUGH	End Date (yyyyymmdd)*											
<input type="text" value="20181101"/>		<input type="text" value="20181101"/>											

* Indicates a required field

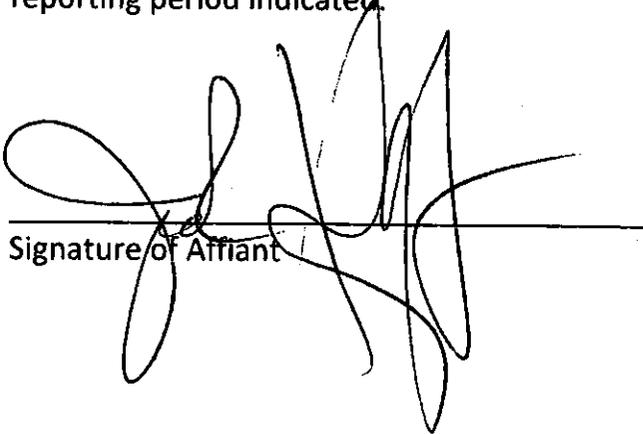


**Pre-Election Report
Political Committees
Form ATX.7PAC**

<p>6</p> <p>SCHEDULES ATTACHED</p> <p><i>Check box for each form attached</i></p>	<p><input type="checkbox"/> Schedule ATX.7A - Pre-Election Report of Contributions</p> <p><input checked="" type="checkbox"/> Schedule ATX.7F - Pre-Election Report of Expenditures</p>
--	---

AFFIDAVIT

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.



Signature of Affiant



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

Itemize each contribution in Sections 1-3.

For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input style="width: 100%;" type="text"/>												
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contributor Address/ PO Box*</td> <td style="width: 40%;">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State* Contributor Zip Code*</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td>TX <input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Contributor Employer</td> <td>Contributor Occupation</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> <p>Per City Code 2-2-29(d), employer and occupation are required for individuals whose contribution is \$200 or more</p>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Contributor City*	Contributor State* Contributor Zip Code*	<input style="width: 95%;" type="text"/>	TX <input style="width: 95%;" type="text"/>	Contributor Employer	Contributor Occupation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Contributor Address/ PO Box*	Contributor Apartment or Suite Number												
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>												
Contributor City*	Contributor State* Contributor Zip Code*												
<input style="width: 95%;" type="text"/>	TX <input style="width: 95%;" type="text"/>												
Contributor Employer	Contributor Occupation												
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>												
3 CONTRIBUTION DETAILS	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Contribution Date (yyyymmdd)*</td> <td style="width: 40%;">(\$) Contribution Amount*</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td colspan="2">In-Kind Contribution Description, if applicable</td> </tr> <tr> <td colspan="2"><input style="width: 100%;" type="text"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	In-Kind Contribution Description, if applicable		<input style="width: 100%;" type="text"/>					
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*												
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>												
In-Kind Contribution Description, if applicable													
<input style="width: 100%;" type="text"/>													

Add Another Contribution Page



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

Expenditure

Itemize each expenditure in Sections 1-3.

For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Littlefield Consulting		
2	PAYEE ADDRESS	Payee Address/ PO Box* PO Box 90591	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78709
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$4,000.00	
		Description (If Category is "Other")	Expenditure Date* 20181101	

Add Another Expenditure Page