

FILED IN THE OFFICE OF CITY CLERKe Use Only ON Z DAY OF NOV 20 18 AT 4:4 PM			
CITY CLERK			

-			
1	Committee or Organization Name*		
INDIVIDUAL	Austinites for Equity		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
2	Address/ PO Box*	Apartment or Su	iite Number
INDIVIDUAL OR	1812 Centre Creek Dr.	310	
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	TX	78754
3	Title First Name	1	Middle Initial
COMMITTEE TREASURER	Jack		
NAME	Last Name	Suffix	
(if applicable)	Kirfman		
			<del></del>
4	Address/ PO Box	Apartment or Su	uite Number
COMMITTEE TREASURER	15408 Interlachen Dr.		
ADDRESS	City	State	Zip Code
(if applicable)	Austin	тх	78758
5			
REPORT DATE	Date Filed (yyyymmdd)*		
	20181102		

<sup>\*</sup> Indicates a required field



## **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:

JACK KIV SMAN

AFFIANTS SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

JACK KIV SMAN

PRINT NAME

On the And day of Natural Adaptive State of Texas

Typed or Printed Name of Notary



## **Expenditure**

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

N	AYEE IAME e is an individual	Organization Name or Payee Last Name, as applicable Littlefield Consulting		
	AYEE	Payee Address/ PO Box* PO Box 90591 Payee City* Austin	Payee Apartment Payee State*	Payee Zip Code*
	NDITURE ETAILS	Category*  Advertising Expense  Description (If Category is "Other")	(\$) Expenditure Amount*  \$4,000.00  Expenditure Date*  20181101	

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)	
Tovo (support)	Kathie	City Council, District 9	City Council, District 9	



## 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.

		<del>_</del>
CONTRIBUTOR NAME		
Contributor Is an individual	Organization Name or Contributor Last Name, as applicable*	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  Contributor City*  Contributor Employer*	Contributor Apartment or Suite Number  Contributor State* Contributor Zip Code*  TX  Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Another Contribution Page