



Report of Covered Transfers Supporting Direct Campaign Expenditures: Schedule ATX.8

☐ Office Use Only

OCC RECEIVED AT
DEC 5 '18 PM3:06

Use this form to report covered transfers made and contributions received by the filer, as defined in § 2-2-34(a) of the City Code. For detailed instructions on how to complete this form, see the **Report of Covered Transfers Supporting Direct Campaign Expenditures Instruction Guide**.

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

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	Address/ PO Box* <div>1812 Centre Creek Dr.</div> Apartment or Suite Number <div>310</div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78754</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Jack</div> Middle Initial <div></div> Last Name <div>Kirfman</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>15408 Interlachen Dr.</div> Apartment or Suite Number <div></div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78758</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181205</div>

* Indicates a required field



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6 DECLARATION

By signature below, I certify that the Report of Covered Transfers Supporting 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 2-2-34.

DATE: 12-4-18

[Signature]
SIGNATURE

Jack Firdman

PRINT NAME



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Transfers Made

Itemize each transfer of funds made by the filer towards a direct campaign expenditure in Sections 1-4.
For additional transfers, click "Add Another Transfer Page" below.

* Indicates a required field

1 RECIPIENT NAME <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* Clean Water Action		
2 RECIPIENT ADDRESS	Recipient Address/ PO Box* 600 W. 28th St.	Recipient Apartment or Suite Number 	
	Recipient City* Austin	Recipient State* TX	Recipient Zip Code* 78705
3 TRANSFER DETAILS	Transfer Date* 20181204		
	(\$ Transfer Amount* \$2,000.00		
	Purpose and Description of the Transfer* Donation		

4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure			
Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Salazar	Mariana	Austin City Council, District 1	



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1	RECIPIENT NAME <input type="checkbox"/> Recipient is an individual	Organization Name or Recipient Last Name, as applicable* Clean Water Action		
2	RECIPIENT ADDRESS	Recipient Address/ PO Box* 600 W. 28th St.	Recipient Apartment or Suite Number	
		Recipient City* Austin	Recipient State* TX	Recipient Zip Code* 78705
3	TRANSFER DETAILS	Transfer Date* 20181204	(\$ Transfer Amount* \$1,000.00	
		Purpose and Description of the Transfer* Donation		

4 If known, identify each candidate or ballot measure supported or opposed by the intended direct campaign expenditure			
Candidate Last Name or Ballot Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ellis	Paige	Austin City Council, District 8	



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Contributions Received

A filer is required to report contribution information only if the filer has received \$500 or more in contributions in aggregate from a particular contributor during the current election reporting cycle, which is the two-year period beginning on the date following the most recent City general election. If the \$500 aggregate threshold is met for a particular contributor at the time that a filer reports a covered transfer, then the filer must include the following information regarding each contribution received from that contributor in the report, subject to certain exceptions and other criteria which are set forth in more detail in City Code § 2-2-34(C)(8).

If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

Itemize each contribution **received by the filer** in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

* Indicates a required field

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Natin</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td>Paul</td><td>Contributor Suffix</td></tr><tr><td></td><td></td></tr></table>	Contributor Title	Contributor First Name*		Natin	Organization Name or Contributor Last Name, as applicable*		Paul	Contributor Suffix																				
Contributor Title	Contributor First Name*																												
	Natin																												
Organization Name or Contributor Last Name, as applicable*																													
Paul	Contributor Suffix																												
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">401 Congress Ave.</td><td colspan="2">33rd Floor</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="2">Contributor Employer</td><td colspan="2">Contributor Occupation</td></tr><tr><td colspan="2">World Class Holdings</td><td colspan="2">President</td></tr><tr><td colspan="4">Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		401 Congress Ave.		33rd Floor		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78701	Contributor Employer		Contributor Occupation		World Class Holdings		President		Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals			
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World Class Holdings		President																											
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20181204</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181204	\$5,000.00																								
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If the \$500 contribution threshold is not met for any contributor, then leave this page blank.

Itemize each contribution received by the filer 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* <div>Stratus Properties</div>				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>212 Lavaca St.</div>	Contributor Apartment or Suite Number <div>300</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701</div>	
3 CONTRIBUTION DETAILS	Contributor City* <div>Austin</div>		Contributor Employer <div></div>		Contributor Occupation <div></div>
Per City Code 2-2-34(c), employer and occupation are required for contributors who are individuals					
Contribution Date (yyyymmdd)* <div>20181204</div>		(\$) Contribution Amount* <div>\$5,000.00</div>			

Add Another Contribution Page