



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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DEC 11 '18 PM 3:48

<p><b>1</b></p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Austinites for Equity</p>
<p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>	<p>Address/ PO Box*      Apartment or Suite Number</p> <p>1812 Centre Creek Dr.      </p> <p>City*      State*      Zip Code*</p> <p>Austin      TX      78754</p>
<p><b>3</b></p> <p><b>COMMITTEE TREASURER NAME (if applicable)</b></p>	<p>Title      First Name      Middle Initial</p> <p>      Jack      </p> <p>Last Name      Suffix</p> <p>Kirfman      </p>
<p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS (if applicable)</b></p>	<p>Address/ PO Box      Apartment or Suite Number</p> <p>15408 Interlachen Dr.      </p> <p>City      State      Zip Code</p> <p>Austin      TX      78758</p>
<p><b>5</b></p> <p><b>REPORT DATE</b></p>	<p>Date Filed (yyyymmdd)*</p> <p>20181211</p>

\* Indicates a required field



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## 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: 12-11-18

[Handwritten Signature]  
AFFIANT'S SIGNATURE

STATE OF TEXAS

COUNTY OF TRAVIS

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

Jack Kirfman

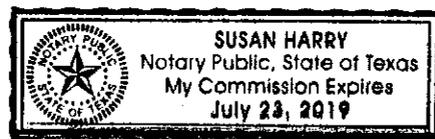
Jack Kirfman

PRINT NAME

On the 11<sup>th</sup> day of December, 2018, to certify which witness my hand and official seal.

[Handwritten Signature]  
Notary Public in and for the State of Texas

Susan Harry  
Typed or Printed Name of Notary







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# Expenditure

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

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text" value="Kelly Graphics"/>								
<b>2</b>  <b>PAYEE ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Payee Address/ PO Box*</td> <td style="width:40%; border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">1409 Quaker Ridge</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State*      Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX      78746</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	1409 Quaker Ridge		Payee City*	Payee State*      Payee Zip Code*	Austin	TX      78746
Payee Address/ PO Box*	Payee Apartment or Suite Number								
1409 Quaker Ridge									
Payee City*	Payee State*      Payee Zip Code*								
Austin	TX      78746								
<b>3</b>  <b>EXPENDITURE DETAILS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Category*</td> <td style="width:40%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Advertising Expense</td> <td style="border-bottom: 1px solid black;">\$14,621.79</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (If Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">20181210</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Advertising Expense	\$14,621.79	Description (If Category is "Other")	Expenditure Date*		20181210
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Advertising Expense	\$14,621.79								
Description (If Category is "Other")	Expenditure Date*								
	20181210								

<b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable</b>			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
(Oppose) Ward	Frank	Austin City Council, District 8	
(Support) Salazar	Mariana	Austin City Council, District 1	



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# 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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input style="width: 100%;" type="text"/>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input style="width: 100%;" type="text"/>	Contributor Apartment or Suite Number <input style="width: 100%;" type="text"/>
	Contributor City* <input style="width: 100%;" type="text"/>	Contributor State*    Contributor Zip Code* <input style="width: 50%;" type="text" value="TX"/> <input style="width: 50%;" type="text"/>
	Contributor Employer* <input style="width: 100%;" type="text"/>	Contributor Occupation* <input style="width: 100%;" type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input style="width: 100%;" type="text"/>	(\$) Contribution Amount* <input style="width: 100%;" type="text"/>

[Add Another Contribution Page](#)