		overed Transfers Supporting Direct Expenditures: ATX.8	COVER SHEET
1	INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #
		LAST; SUFFIX VOTE PAC	ACCOUNT # 00090740
			OFFICE USE ONLY
2	INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Jack Kirfman, Treasurer 3571 Far West Blvd PMB 149 Austin , TX 78731-3064 (CHECK IF FILER'S HOME ADDRESS)	Date Received ELECTRONICALLY FILED 09/30/2022 Receipt # HD / PM Amount
	INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed
4	COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged
5	COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
6	МЕМО		

1	ATX.8 Transfer	s Made			
1	FILER NAME		2 FILER ID		3 Total pages Schedule ATX8EXPEND:
	VOTE PAC		00090740		Sch: 1/6 Rpt: 2/8
3	MEMO				
4	RECIPIENT NAME	LAST FIRST N Austinites for I			
5	RECIPIENT ADDRESS	RECIPIENT AD 1812 Centre (DRESS APARTMENT/SUITE# Creek Dr Suite 310	(CITY STATE ZIPCODE
		Austin, TX 78	754		
6	TRANSFER	(a) TRANSFER	DATE	(b) TRAN	SFER AMOUNT (\$)
	DETAILS	09/28/2022		\$8,00	
		(c) PURPOSE A	AND DESCRIPTION OF TRANSFER		
7	Complete ONLY if	(a) Candidate/C	Officeholder name	(b) Ballot	measure supported/opposed
	candidate or ballot measure	LastName;	Suffix; FirstName; Title		
	suported/opposed	Velasquez	Jose	(CHECK IF BALLOT MEASURE)
		(c) Office sough	nt	(d) Office	held
		Council Me	ember, District 3		

A	ATX.8 Transfer	s Made				
1	FILER NAME		2 FILE	R ID		3 Total pages Schedule ATX8EXPEND:
,	VOTE PAC		0009	90740		Sch: 2/6 Rpt: 3/8
3	MEMO					
4	RECIPIENT NAME	LAST FIRST M (see previous)				
5	RECIPIENT ADDRESS	RECIPIENT AD	DRESS	APARTMENT/SUIT	E# (CITY STATE ZIPCODE
6	TRANSFER DETAILS	(a) TRANSFER	DATE		(b) TRAN	SFER AMOUNT (\$)
		(c) PURPOSE A	ND DESC	CRIPTION OF TRANSFE	R	
7 (Complete ONLY if	(a) Candidate/O	fficeholder	r name	(b) Ballot	measure supported/opposed
ı	candidate or ballot measure	LastName;	Suffix;	FirstName; Title		
\$	suported/opposed	Craig		Ken	(CHECK IF BALLOT MEASURE)
		(c) Office sough	nt		(d) Office	held
		Council Me	mber, Di	strict 5		

<i>F</i>	ATX.8 Transfer	s Made				
1	FILER NAME		2 FILE	R ID		3 Total pages Schedule ATX8EXPEND:
	VOTE PAC		0009	90740		Sch: 3/6 Rpt: 4/8
3	MEMO		!			
4	RECIPIENT NAME	LAST FIRST N (see previous)				
5	RECIPIENT ADDRESS	RECIPIENT AD	DRESS	APARTMENT/SUITE	Ε# (CITY STATE ZIPCODE
6	TRANSFER DETAILS	(a) TRANSFER	DATE		(b) TRAN	ISFER AMOUNT (\$)
		(C) PURPOSE A	ND DESC	CRIPTION OF TRANSFER	२	
7	Complete ONLY if	(a) Candidate/O	fficeholde	r name	(b) Ballot	measure supported/opposed
	candidate or ballot measure	LastName;	Suffix;	FirstName; Title		
	suported/opposed	Ellis		Paige	((CHECK IF BALLOT MEASURE)
		(c) Office sough	nt		(d) Office	held
		Council Me	ember, Di	strict 8	Coun	cil Member, District 8

•	ATX.8 Transfer	s Made				
1	FILER NAME		2 FILE	RID		3 Total pages Schedule ATX8EXPEND:
	VOTE PAC		0009	90740		Sch: 4/6 Rpt: 5/8
3	MEMO					
4	RECIPIENT NAME	LAST FIRST N (see previous)				
5	RECIPIENT ADDRESS	RECIPIENT AD	DRESS	APARTMENT/	/SUITE#	CITY STATE ZIPCODE
6	TRANSFER DETAILS	(a) TRANSFER	DATE		(1	(b) TRANSFER AMOUNT (\$)
		(c) PURPOSE A	AND DESC	RIPTION OF TRAN	NSFER	
7	Complete ONLY if	(a) Candidate/O	fficeholder	name	(1	(b) Ballot measure supported/opposed
	candidate or ballot measure	LastName;	Suffix;	FirstName; Titl	le	
	suported/opposed	Harper		Natasha		(CHECK IF BALLOT MEASURE)
		(c) Office sough	nt		(6	(d) Office held
		Council Me	ember, Di	strict 1		Council Member, District 1

F	ATX.8 Transfer	s Made					
1	FILER NAME		2 FILER	ID			3 Total pages Schedule ATX8EXPEND:
	VOTE PAC		00090)740			Sch: 5/6 Rpt: 6/8
3	MEMO						
4	RECIPIENT NAME	LAST FIRST M (see previous)					
5	RECIPIENT ADDRESS	RECIPIENT AD	DRESS	APARTMEN	IT/SUITE#	C	CITY STATE ZIPCODE
6	TRANSFER DETAILS	(a) TRANSFER	DATE			(b) TRANS	SFER AMOUNT (\$)
		(c) PURPOSE A	ND DESCR	RIPTION OF TR	ANSFER		
7	Complete ONLY if	(a) Candidate/O	fficeholder r	name		(b) Ballot	measure supported/opposed
	candidate or ballot measure	LastName;	Suffix;	FirstName; 1	Γitle		
•	suported/opposed	Guerrero		Linda		((CHECK IF BALLOT MEASURE)
		(c) Office sough	ıt			(d) Office	held
		Council Me	mber, Dist	trict 9			

4	ATX.8 Transfer	's Made				
1	FILER NAME		2 FILE	R ID		3 Total pages Schedule ATX8EXPEND:
	VOTE PAC		0009	00740		Sch: 6/6 Rpt: 7/8
3	MEMO					1
4	RECIPIENT NAME	LAST FIRST M (see previous)				
5	RECIPIENT ADDRESS	RECIPIENT AD	DRESS	APARTMENT/SI	JITE#	CITY STATE ZIPCODE
6	TRANSFER DETAILS	(a) TRANSFER	DATE		(b) TRA	NSFER AMOUNT (\$)
		(c) PURPOSE A	ND DESC	RIPTION OF TRANS	FER	
7	Complete ONLY if	(a) Candidate/O	fficeholde	name	(b) Ballo	ot measure supported/opposed
	candidate or ballot measure	LastName;	Suffix;	FirstName; Title		
	suported/opposed	Watson		Kirk		(CHECK IF BALLOT MEASURE)
		(c) Office sough	nt		(d) Offic	e held
		Mayor				

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.				
	VOTE PAC				
	Signature of Filer				