Report of Dir	ect Campaign Expenditures:ATX.1		
1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE#	
NAME	LAST; SUFFIX Austinites for Equity	ACCOUNT # 00090449	
		OFFICE	USE ONLY
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310 Austin, TX 78754	Date Received ELECTRONIC 10/21/2022 Receipt #	
2 1000 / 001 / 01 / 00	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Jack	Date Imaged	
	Kirfman		
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310		
	Austin, TX 78754		
6 MEMO			

Expenditure				FORM ATX1EXPEND
FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 1/6 Rpt: 2/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI Austin Chronicle			
6 PAYEE ADDRESS	Payee address; PO Box 4189	apartment/suit#; City;	State; Zip	Code
	Austin, TX 78765	5-4189		
7 EXPENDITURE DETAILS	(a) Category Advertising Ex	pense	(b) Description	
	(c) Date 10/18/2022		(d) Amount (\$) \$1,266.40	
8 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Harper-	eholder name uffix; FirstName; Title Natasha		ure supported/opposed K IF BALLOT MEASURE)
	(c) Office sought		(d) Office held	
	Council Memb	er, District 1	Council Me	ember, District 1

Expenditure				FORM ATX1EXPEND
FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 2/6 Rpt: 3/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI (see previous)			
6 PAYEE ADDRESS	Payee address;	apartment/suit#; City;	State; Zip	Code
7 EXPENDITURE DETAILS	(a) Category		(b) Description	
	(c) Date		(d) Amount (\$)	
8 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Ellis	eholder name uffix; FirstName; Title Paige		ure supported/opposed K IF BALLOT MEASURE)
	(c) Office sought		(d) Office held	
	Council Memb	er, District 8	Council Me	ember, District 8

Expenditure				FORM ATX1EXPEND
1 FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 3/6 Rpt: 4/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI (see previous)			
6 PAYEE ADDRESS	Payee address;	apartment/suit#; City;	State; Zip	Code
7 EXPENDITURE DETAILS	(a) Category		(b) Description	
	(c) Date		(d) Amount (\$)	
8 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Guerrero	eholder name iffix; FirstName; Title Linda		ire supported/opposed K IF BALLOT MEASURE)
	(c) Office sought Council Memb	er, District 9	(d) Office held	

Expenditure				FORM ATX1EXPEND
1 FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 4/6 Rpt: 5/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI (see previous)			
6 PAYEE ADDRESS	Payee address;	apartment/suit#; City;	State; Zip	Code
7 EXPENDITURE DETAILS	(a) Category		(b) Description	
	(c) Date		(d) Amount (\$)	
8 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Craig	eholder name uffix; FirstName; Title Ken		ire supported/opposed K IF BALLOT MEASURE)
	(c) Office sought Council Memb	er, District 5	(d) Office held	

Expenditure				FORM ATX1EXPEND
FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 5/6 Rpt: 6/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI (see previous)			
6 PAYEE ADDRESS	Payee address;	apartment/suit#; City;	State; Zip	Code
7 EXPENDITURE DETAILS	(a) Category		(b) Description	
	(c) Date		(d) Amount (\$)	
Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Velasquez	eholder name Iffix; FirstName; Title Jose		ure supported/opposed K IF BALLOT MEASURE)
	(c) Office sought Council Memb	er, District 3	(d) Office held	

Expenditure				FORM ATX1EXPEND
1 FILER NAME Austinites for Equity		2 FILER ID 00090449		3 Total pages Schedule ATX1EXPEND: Sch: 6/6 Rpt: 7/9
4 MEMO				
5 PAYEE NAME	LAST FIRST MI (see previous)			
6 PAYEE ADDRESS	Payee address;	apartment/suit#; City;	State; Zip	Code
7 EXPENDITURE DETAILS	(a) Category		(b) Description	
	(c) Date		(d) Amount (\$)	
8 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su Watson	eholder name Iffix; FirstName; Title Kirk		ure supported/opposed K IF BALLOT MEASURE)
	(c) Office sought Mayor		(d) Office held	

	Contrib	ution		FORM A	ATX1CONTRIB
	The Instruction Guide explains how to complete this form.				Schedule ATX1: ot: 8/9
2	FILER NAME	r Cauity			hics Commission Filers)
4	Austinites fo	r Equity		00090449	
	WEWO				
5	Date 09/28/2022	6 Full name of contributor out-of-state PAC (ID#:_ VOTE PAC		8 Amount of Co	ontribution (\$) \$8,000.00
	7 Contributor address; City; State; Zip Code 3571 Far West Blvd. PMB 149 Austin, TX 78731				
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See Instructions	s)	

Report of Direct Campaign Expenditures: ATX.1

AFFIDAVIT

	ATTIDAVIT
This information serves as the electronic signature of the person	legally responsible for filing this report.
	I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.
	Austinites for Equity
	Signature of Filer