

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID		2 Total pages filed: 4	
3 COMMITTEE NAME Austinites for Equity				OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310  Austin, TX 78754				Date Received	
				Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Jack			
		NICKNAME LAST SUFFIX Kirfman			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15408 Interlachen Drive Austin, TX 78717			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1812 Centre Creek Dr Suite 310 Austin, TX 78754			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION 512 658-4892			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year      Month Day Year 10/01/2016      THROUGH      10/06/2016			
11 ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/08/2016 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

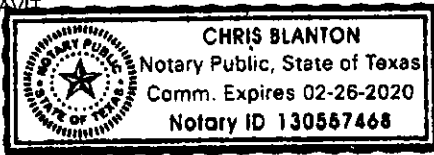
GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Austinites for Equity		13 Filer ID	
14 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate  <input checked="" type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME Leslie Pool Jimmy Flannigan	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) City Council District 7 City Council District 6	
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / #  ELECTION DATE Month      Day      Year	
		DESCRIPTION	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

## 16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Jack Kiffin, this the 7th day of October, 2016, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Chris Blanton

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 4

<b>17 COMMITTEE NAME</b> Austinites for Equity		<b>18 Filer ID</b>	
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,250.00
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Austinites for Equity	<b>3</b> Filer ID
<b>4</b> Date 10/06/2016	<b>5</b> Payee name Littlefield Consulting	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code PO Box 90591  Austin, TX 78709	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense survey
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Flannigan, Jimmy	Office sought City Council District 6
Date 10/06/2016	Payee name Texas Vote Environment PAC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 600 West 28th Street #202  Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pool, Leslie	Office sought City Council District 7
Date 10/06/2016	Payee name Texas Vote Environment PAC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 600 West 28th Street #202  Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Flannigan, Jimmy	Office sought City Council District 6