Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME ☐ Filer is an individual	Committee or Organization Name* **Austinites for Equity**

2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* **1812 Centre Creek Drive**	Apartment or Suite Number **310**
	City* **Austin**	State* **TX** Zip Code* **78754**

3 COMMITTEE TREASURER NAME (if applicable)	Title	First Name **Jack**	Middle Initial
	Last Name **Kirfman**	Suffix	

4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box **15408 Interlachen Dr**	Apartment or Suite Number
	City **Austin**	State **TX** Zip Code **78717**

5 REPORT DATE	Date Filed (yyyymmdd)* **20161006**

* Indicates a required field
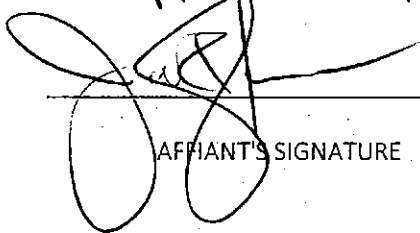
6 AFFIDAVIT

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: _11-01-2016_

_____
AFFIANT'S SIGNATURE

Jack Kirfman
_____
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

_____

On the ___1___ day of _November_, _2016_, to certify which witness my hand and official seal.

_____
Notary Public in and for the State of Texas

Chris Blanton
_____
Typed or Printed Name of Notary

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CHRIS BLANTON
Notary Public, State of Texas
Comm. Expires 02-26-2020
Notary ID 130557468
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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1

PAYEE NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Austin Chronicle

2

PAYEE ADDRESS

Payee Address/ PO Box*

4000 North IH35

Payee Apartment or Suite Number

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78751

3

EXPENDITURE DETAILS

Category*

Advertising expense

($) Expenditure Amount*

554.80

Description (If Category is "Other")

Expenditure Date*

10/20/16

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, **as applicable**

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter	Alison	City Council D10	

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

1 PAYEE NAME ☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* Kelly Graphics
2 PAYEE ADDRESS	Payee Address/ PO Box* 1409 Quaker Ridge Payee Apartment or Suite Number Payee City* Austin Payee State* TX Payee Zip Code* 78746
3 EXPENDITURE DETAILS	Category* Printing expense ($) Expenditure Amount* $12,152.94 Description (If Category is "Other") Expenditure Date* 10/20/16

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Zimmerman	Don	City Council D.6	City Council D.6