



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Austinites for Equity		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 1812 Centre Creek Dr		Apartment or Suite Number 310
	City* Austin	State* TX	Zip Code* 78758
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 Drive		Apartment or Suite Number
	City Austin	State TX	Zip Code 78717
5 REPORT DATE	Date Filed (yyyymmdd)* 20161031		

* Indicates a required field



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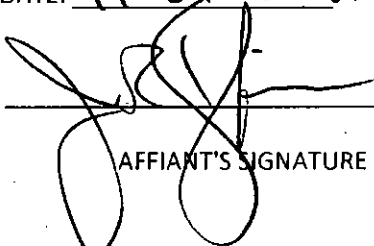
(Previously Independent Expenditures not by a Candidate)

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

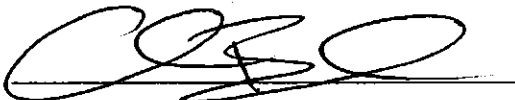
STATE OF TEXAS

COUNTY OF TRAVIS

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

Chris Blanton

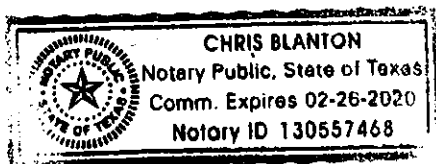
On the 1 day of November, 2016, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas

Chris Blanton

Typed or Printed Name of Notary





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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Austin Chronicle		
2	PAYEE ADDRESS	Payee Address/ PO Box* PO Box 4189	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78765
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$1,266.40	
		Description (If Category is "Other")	Expenditure Date* 20161031	

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)
Pool	Leslie	City Council District 7	City Council District 7
Garza	Delia	City Council District 2	City Council District 2
Casar	Greg	City Council District 4	City Council District 4
Flannigan	Jimmy	City Council District 6	
Alter	Alison	City Council District 10	

Add Another Expenditure Page