



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
RECEIVED

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2016 NOV 18 AM 9 57

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* 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)* 20161118		

* Indicates a required field



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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:

11/18/16

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Jack Kirtman

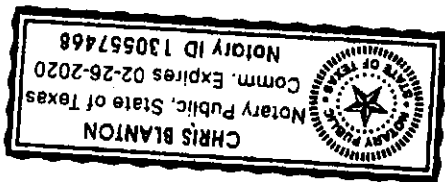
On the 18 day of November, 2016, to certify which witness my hand and official seal.

[Signature]

Chris Blanton

Notary Public in and for the State of Texas

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 * Opinion Anaylsts		
2	PAYEE ADDRESS	Payee Address/ PO Box * 400 West 14th St	Payee Apartment or Suite Number 	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 78701
3	EXPENDITURE DETAILS	Category * Consulting Expense	(\$) Expenditure Amount * \$147.69	
		Description (If Category is "Other") 	Expenditure Date * 20161115	

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)
Flannigan	Jimmy	City Council District 6	



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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* Thompson & Knight LLP		
2	PAYEE ADDRESS	Payee Address/ PO Box* 980 San Jacinto Blvd	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701
3	EXPENDITURE DETAILS	Category* Legal Services	(\$) Expenditure Amount* \$1,650.00	
		Description (If Category is "Other") 	Expenditure Date* 20161115	

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)



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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* Y Strategy		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3110 Manor Rd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78723
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$1,138.44	
		Description (If Category is "Other") phone banking	Expenditure Date* 20161115	

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)
Flannigan	Jimmy	City Council District 6	

Add Another Expenditure Page



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text"/>	<input type="text"/>										
Contributor Title	Contributor First Name*																		
<input type="text"/>	<input type="text"/>																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
<input type="text"/>	<input type="text"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
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Contributor Employer*	Contributor Occupation*																		
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text"/>	<input type="text"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
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[Add Another Contribution Page](#)