#### SPECIFIC-PURPOSE COMMITTEE FORM SPAC CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Austinites for Equity Date Received OCC RECEIVED AT DEC 3'18 PM4:27 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE **ADDRESS** 1812 Centre Creek Dr Suite 310 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754 Receipt# Amount Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST TREASURER NAME Jack NICKNAME LAST SUFFIX Kirfman CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE TREASURER STREET 1812 Centre Creek Dr Suite 310 ADDRESS Austin, TX 78754 (Residence or Business) CAMPAIGN STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1812 Centre Creek Dr Suite 310 MAILING **ADDRESS** Austin, TX 78754 Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512)658-4892 PHONE 9 REPORT January 15 30th day before election Exceeded \$500 Limit TYPE 8th day before election Dissolution (Attach PAC-DR) July 15 10th day after campaign treasurer X Runoff 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 10/28/2018 12/01/2018 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary X Runoff Other 12/11/2018 General Special **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eaf48eb9

#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **COVER SHEET PG 2 PURPOSE AND TOTALS** 13 Filer ID 12 COMMITTEE NAME Austinites for Equity 14 COMMITTEE CANDIDATE / OFFICEHOLDER NAME **PURPOSE** The Honorable Kathie Tovo (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder Austin City Council SUPPORT **BALLOT IDENTIFICATION / # ELECTION DATE** (Candidate or Measure) Month Day Year OPPOSE (Candidate or Measure) Measure X ASSIST DESCRIPTION (Officeholder) 15 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS \$ \$0.00 2. TOTAL POLITICAL CONTRIBUTIONS \$15,000.00 \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED EXPENDITURE TOTALS \$0.00 4. TOTAL POLITICAL EXPENDITURES \$7,500.00 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE CONTRIBUTION BALANCE REPORTING PERIOD \$ \$18,601.59 OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS \$ \$0.00 16 AFFIDAVIT swear, or affirm, under penalty of perjury, that the accompanying report is true ormation required to be reported by me under and correct and include SUSAN HARRY Notary Public. State of Texas Title 15, Election My Commission Expires July 23, 2019 gnature of Campaign Treasurer ĀFFIX NOTARY STAMP / SEAL ABOVE day Sworn to and subscribed before me, by the said ny hand and seal of office Signature of officer administering oath Printed name of officer administering oath, Title of officer administering oath Version V1.1.eaf48eb9 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

		Page 3 of 6  13 Filer ID
		13 Filer ID
		1
	CANDIDATE / OFFICE HOLDER NAME	·
CANDIDATE		
OFFICE HOLDER	OFFICE SOUGHT (candidate) / OFFICE H	ELD (officeholder)
X MEASURE	BALLOT IDENTIFICATION Prop K	ELECTION DATE MONTH DAY YEAR 11/06/2018
	DESCRIPTION Oppose City of Austin Proposition K	
		,
	X MEASURE	OFFICE SOUGHT (candidate) / OFFICE HE  BALLOT IDENTIFICATION  Prop K  DESCRIPTION Oppose City of Austin Proposition K

### FORM SPAC **SUBTOTALS - SPAC COVER SHEET PG 3** 4 of 6 18 Filer ID 17 COMMITTEE NAME Austinites for Equity 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE \$ 15,000.00 |X|SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ 4 **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ SCHEDULE E: LOANS \$ 7. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 7,500.00 \$ 8, $\square$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS S 9. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 12. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS S 13. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 14. TO FILER

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MONE	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/6	
FILER NAME Austinites f			3 Filer ID	
Date 11/14/2018	5 Full name of contributor out-of-state PAC	(ID#:	7 Amount of Contribution (\$) \$5,000.	
Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	ions)	
Date 11/29/2018	Full name of contributor out-of-state PAC  AFSCME Local No. 1624  Contributor address; City; State; Zip Code 1812 Centre Creek Dr. Ste. 310 Austin, TX 78754		Amount of Contribution (\$) \$10,000	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	tions)	

# POLITICAL EXPENDITURES FROM POLITICAL

## SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credil Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate Transportation Equipment & Relate Travel in District Travel Out of District  y - Git/Awards/Memorials Expense Printing Expense Travel Out of District	
Total pages Schedule F1:	2 FILER NAME 3 Filer ID	·····
Sch: 1/1 Rpt: 6/6	Austinites for Equity	
Date 11/06/2018	5 Payee name Austin Chronicle	
Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 4189  Austin, TX 78765	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	<u> </u>
OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital advertising	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
10/29/2018	Austin Citizens for Truthful Petitions PAC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1507 West 6th St.	
	Austin, TX 78701	
PURPOSE OF EXPENDITURE	Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if Iravel outside of Texas, Complete Schedule T.  Check If Austin, TX, officeholder living expense Contribution	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contribution  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check If Austin, TX, officeholder living expense  Contribution  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contribution  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check If Austin, TX, officeholder living expense  Contribution  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Payee name	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 11/01/2018  Amount (\$)	(a) Category (see Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name Littlefield Consulting  Payee address; City; State; Zip Code	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 11/01/2018  Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Payee name Littlefield Consulting  Payee address; City; State; Zip Code  PO Box 90591	