

(Previously Independent Expenditures not by a Candidate)

1		Committee or Organization Name*				
	INDIVIDUAL	Austin Forward PAC (aka Move Austin Forward)			2016	A
	OR				NON	
	ORGANIZATION					RE(
	NAME				$\tilde{\mathbf{v}}$	CITY
	Filer is an individual				PIJ	E O
					\sim	LERK
					Ч7	R R
2		Address/ PO Box*	Apartment or	Suite Number		
		P.O. Box 302854				
	ORGANIZATION ADDRESS	City*	State*	Zip Code*		
	ADDRESS	Austin	тх	78703		
3	<u> </u>					
	COMMITTEE TREASURER	Title First Name		Middle Initial	-	
	NAME	Ms. Laura				
	(if applicable)	Last Name	Suffix			
	(Hernandez				
-			A			
4		Address/ PO Box	Apartment or	Suite Number		
	COMMITTEE TREASURER	710 Colorado Street	#6C			
	ADDRESS	City	State	Zip Code		
	(if applicable)	Austin	ТХ	78701		1
5	<u> </u>	Date Filed (yyyymmdd)*		·		
	REPORT DATE	20161102				
1						

* Indicates a required field



(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

AFFIANT'S SIGNATURE

aura Hernondez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

thornandez 20 20

On the

Brown Wicham

2015, to certify which witness my hand and official seal.

Mendonsa

Notary Public in and for the State of Texas Typed or Printed Name of Notary

AARON MENDONSA Notery Public, State of Texas Comm. Expires 10-17-2020 Notary ID 130864108



(Previously Independent Expenditures not by a Candidate)

1 PAYEE		Payee Title	Payee First Name*		
NAME		Organization Na	me or Payee Last Name, as applicable*	Payee Suffix	
Payee is an	individual	Wick			
2		Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE		10551 Billbrook	PI		
ADDRES	s	Payee City*		Payee State*	Payee Zip Code*
		Austin		ТХ	78748-2430
3		Category*		(\$) Expenditure A	mount*
EXPENDITU	JRE	Salaries/Wages/	Contract labor	\$3,851.15	
DETAILS	5	Description (If C	ategory is "Other")	Expenditure Date	*
				20161031	

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
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(Previously Independent Expenditures not by a Candidate)

Payee Title	Payee First Name*		
	David		
Organization Na	me or Payee Last Name, as applicable st	Payee Suffix	
Chincanchan			
Payee Address/	PO Box*	Payee Apartmen	t or Suite Number
4908 Parell Path	1		
Payee City*		Payee State*	Payee Zip Code*
Austin		ТХ	78744-3808
Category*		(\$) Expenditure	Amount*
Salaries/Wages,	/Contract labor	\$1,757.20	
Description (If C	ategory is "Other")	Expenditure Date	e*
		20161031	
	Organization Na Chincanchan Payee Address/ 4908 Parell Path Payee City* Austin Category* Salaries/Wages,	David Organization Name or Payee Last Name, as applicable* Chincanchan Payee Address/ PO Box* 4908 Parell Path Payee City* Austin	David Organization Name or Payee Last Name, as applicable* Payee Suffix Chincanchan Payee Address/ PO Box* Payee Apartmen 4908 Parell Path Payee State* Payee City* Payee State* Austin TX Category* (\$) Expenditure Salaries/Wages/Contract labor \$1,757.20 Description (If Category is "Other") Expenditure Date

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(Previously Independent Expenditures not by a Candidate)

1	Payee Title	Payee First Name*		
PAYEE	Katherine			
NAME	Organization Na	ame or Payee Last Name, as applicable*	Payee Suffix	
🔀 Payee is an individual	Wehler			
2	Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE	1144 Eleanor St			
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		TX	78721-2116
3	Category*		(\$) Expenditure A	Amount [*]
EXPENDITURE	Salaries/Wages,	/Contract labor	\$1,076.20	
DETAILS	Description (If C	Category is "Other")	Expenditure Date	*
			20161031	

Candidate Last Name or Ballot Measure	C. It has Free Marca	Office County	
Candidate Last Name of Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
apport City of Austin Prop 1			·



(Previously Independent Expenditures not by a Candidate)

Organization Name or Payee Last Name, as applicable st		•
FedEx Office		,
Payee Address/ PO Box*	Payee Apartment	or Suite Number
327 Congress Ave		
Payee City*	Payee State*	Payee Zip Code*
Austin	ТХ	78701-4058
Category*	(\$) Expenditure A	Amount [*]
Printing Expense	\$66.56	
Description (If Category is "Other")	Expenditure Date	*
	20161031	
	FedEx Office Payee Address/ PO Box* 327 Congress Ave Payee City* Austin Category* Printing Expense	FedEx Office Payee Address/ PO Box* Payee Apartment 327 Congress Ave

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
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(Previously Independent Expenditures not by a Candidate)

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable st		
Payee is an individual	FedEx Office		
2	Payee Address/ PO Box*	Рауее Apartment	or Suite Number
PAYEE	327 Congress Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	хт	78701-4058
3	Category*	(\$) Expenditure A	Amount [*]
EXPENDITURE	Printing Expense	\$507.83	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161031	
		Expenditure Date	*

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
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(Previously Independent Expenditures not by a Candidate)

1					
	PAYEE				
	NAME	Organization Name or Payee Last Name, as applicable *			
	Payee is an individual	La Mexicana Bakery			
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number	
	PAYEE	1924 S 1st 5t			
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
		Austin	ТХ	78704	
3		Category*	(\$) Expenditure A		
	EXPENDITURE	Food/Beverage Expense	\$33.02		
	DETAILS	Description (If Category is "Other")	Expenditure Date	*	
			20161101		

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
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(Previously Independent Expenditures not by a Candidate)

1 PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable * Facebook]	
2 PAYEE ADDRESS	Payee Address/ PO Box* 1 Hacker Way Payee City* Menlo Park	Payee Apartment Payee State* CA	or Suite Number Payee Zip Code [*] 94025
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure A \$15.21 Expenditure Date 20161101	······

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
		-	



(Previously Independent Expenditures not by a Candidate)

1				
	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*		
	Payee is an individual	Austin Tejano Democrats PAC		
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	2910 S Congress Ave		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Austin	ТХ	78704-6424
3		Category*	(\$) Expenditure A	Amouńt [*]
	EXPENDITURE	Consulting Expense	\$1,000.00	
	DETAILS	Description (If Category is "Other")	Expenditure Date*	
			20161101	

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			
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(Previously Independent Expenditures not by a Candidate)

PAYEE	Payee Title Payee First Name* PAYEE Terrence			
NAME	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
Payee is an individual				
	Payee Address/	PO Box*	Payee Apartment	t or Suite Number
PAYEE	2505 Village Trail Cir, Apt A			
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin	-	אז	78744-3612
	Category*		(\$) Expenditure /	Amount [*]
EXPENDITURE	Salaries/Wages/Contract labor		\$320.00	
DETAILS	DETAILS Description (If Category is "O		Expenditure Date	*
1		- · · · · · · · · · · · · · · · · · · ·	20161031	

Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1	·		
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			· · · · · · · · · · · · · · · · · · ·
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(Previously Independent Expenditures not by a Candidate)

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *	_	
Payee is an individual	Chi 'Lantro South Lamar		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1509 S Lamar Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78704-2965
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Food/Beverage Expense	\$73.37	
DETAILS	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)	
upport City of Austin Prop 1				
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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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Bike Austin		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	1000 Brazos St	Ste 100	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701-2352
EMPLOYER	Contributor Employer*	Contributor Occupat	tion*
3 CONTRIBUTION DETAILS ,	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Am \$500.00	iount*

Add Another Contribution Page





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

		· · · · · · · · · · · · · · · · · · ·	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Kimley-Horn & Assoc Inc		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 421 Fayetteville St Contributor City* Raleigh Contributor Employer*	Contributor Apartment or Suite Number Ste 600 Contributor State* Contributor Zip Code* NC 27601-1777 Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount [*] \$2,000.00	

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

1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Kimley-Horn & Assoc Inc		
2	Contributor Address/ PO Box*	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	421 Fayetteville St	Ste 600	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Raleigh	NC	27601-1777
EMPLOYER	Contributor Employer*	Contributor Occupa	tion*
		J L	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	iount*
DETAILS	20161101	\$500.00	

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

NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	NRE Ion LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	526 University Dr E	Bldg B	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	College Station	Тх	77840-1986
EMPLOYER	Contributor Employer*	Contributor Occupation*	
3		· · · ·	J
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
DETAILS	20161101	\$1,250.00	

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

1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Garver, LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	4701 Northshore Dr		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	North Little Rock	AR	72118-5325
EMPLOYER	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount [*] \$5,000.00	
DETAILS	20151101		

Add Another Contribution Page