



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> Austin Forward PAC (aka Move Austin Forward)  <div style="text-align: right;">AUSTIN CITY CLERK RECEIVED 2016 NOV 2 PM 2 47</div>								
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> P.O. Box 302854  <b>City*</b> Austin		<b>Apartment or Suite Number</b>  <b>State*</b> TX <b>Zip Code*</b> 78703						
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<table border="1"><tr><td><b>Title</b> Ms.</td><td><b>First Name</b> Laura</td><td><b>Middle Initial</b></td></tr><tr><td colspan="2"><b>Last Name</b> Hernandez</td><td><b>Suffix</b></td></tr></table>			<b>Title</b> Ms.	<b>First Name</b> Laura	<b>Middle Initial</b>	<b>Last Name</b> Hernandez		<b>Suffix</b>
<b>Title</b> Ms.	<b>First Name</b> Laura	<b>Middle Initial</b>							
<b>Last Name</b> Hernandez		<b>Suffix</b>							
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> 710 Colorado Street  <b>City</b> Austin		<b>Apartment or Suite Number</b> #6C  <b>State</b> TX <b>Zip Code</b> 78701						
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> 20161102								

\* 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: 11/2/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

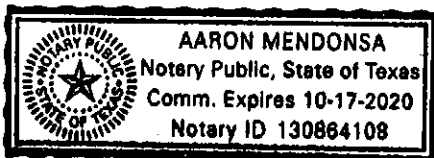
Laura Hernandez

On the 2 day of November, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Aaron Mendonsa

Typed or Printed Name of Notary





# Report Of Direct Campaign Expenditures: Schedule ATX.1

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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

<b>1</b>  <b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*		
	<input type="text"/>	<input type="text" value="Jim"/>		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	<input type="text" value="Wick"/>		<input type="text"/>	
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	<input type="text" value="10551 Billbrook Pl"/>		<input type="text"/>	
	Payee City*	Payee State*	Payee Zip Code*	
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78748-2430"/>	
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category*		(\$) Expenditure Amount*	
	<input type="text" value="Salaries/Wages/Contract labor"/>		<input type="text" value="\$3,851.15"/>	
	Description (If Category is "Other")		Expenditure Date*	
	<input type="text"/>		<input type="text" value="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)
Support City of Austin Prop 1			



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## Expenditure

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

<b>1</b>	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Katherine"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Wehler"/>	Payee Suffix <input type="text"/>
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* <input type="text" value="1144 Eleanor St"/>		Payee Apartment or Suite Number <input type="text"/>	
		Payee City* <input type="text" value="Austin"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78721-2116"/>
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$ ) Expenditure Amount* <input type="text" value="\$1,076.20"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="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)
Support City of Austin Prop 1			



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# Report Of Direct Campaign Expenditures: Schedule ATX.1

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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* FedEx Office		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 327 Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-4058
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Printing Expense	(\$) Expenditure Amount* \$507.83	
		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)
Support City of Austin Prop 1			

Add Another Expenditure Page

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

[illegible]





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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

<b>1</b>	<b>PAYEE NAME</b>	<b>Payee Title</b>	<b>Payee First Name*</b>	
			Terrence	
		<b>Organization Name or Payee Last Name, as applicable*</b>		<b>Payee Suffix</b>
	<input checked="" type="checkbox"/> Payee is an individual	Dandy		
<b>2</b>	<b>PAYEE ADDRESS</b>	<b>Payee Address/ PO Box*</b>		<b>Payee Apartment or Suite Number</b>
		2505 Village Trail Cir, Apt A		
		<b>Payee City*</b>	<b>Payee State*</b>	<b>Payee Zip Code*</b>
		Austin	TX	78744-3612
<b>3</b>	<b>EXPENDITURE DETAILS</b>	<b>Category*</b>		<b>(\$) Expenditure Amount*</b>
		Salaries/Wages/Contract labor		\$320.00
		<b>Description (If Category is "Other")</b>		<b>Expenditure Date*</b>
				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)
Support City of Austin Prop 1			





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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*  Bike Austin		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*  1000 Brazos St	Contributor Apartment or Suite Number  Ste 100	
	Contributor City*  Austin	Contributor State*  TX	Contributor Zip Code*  78701-2352
	Contributor Employer*  	Contributor Occupation*  	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*  20161101		(%) Contribution Amount*  \$500.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * <input type="text" value="Kimley-Horn &amp; Assoc Inc"/>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box * <input type="text" value="421 Fayetteville St"/>	Contributor Apartment or Suite Number <input type="text" value="Ste 600"/>	
	Contributor City * <input type="text" value="Raleigh"/>	Contributor State * <input type="text" value="NC"/>	Contributor Zip Code * <input type="text" value="27601-1777"/>
	Contributor Employer * <input type="text"/>	Contributor Occupation * <input type="text"/>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd) * <input type="text" value="20161101"/>		(\$) Contribution Amount * <input type="text" value="\$2,000.00"/>

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Kimley-Horn & Assoc Inc		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 421 Fayetteville St	Contributor Apartment or Suite Number Ste 600	
	Contributor City* Raleigh	Contributor State* NC	Contributor Zip Code* 27601-1777
	Contributor Employer* 	Contributor Occupation* 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$500.00	

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * NRE Ion LLC		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box * 526 University Dr E	Contributor Apartment or Suite Number Bldg B	
	Contributor City * College Station	Contributor State * TX	Contributor Zip Code * 77840-1986
	Contributor Employer * 	Contributor Occupation * 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd) * 20161101	(\$) Contribution Amount * \$1,250.00	

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Garver, LLC		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4701 Northshore Dr	Contributor Apartment or Suite Number 	Contributor City* North Little Rock
	Contributor State* AR	Contributor Zip Code* 72118-5325	Contributor Employer* 
	Contributor Occupation* 		
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161101	(\$ ) Contribution Amount* \$5,000.00	

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