AUSTIN CITY CLERK RECEIVED

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1	Committee or	Organization Name*			
INDIVIDUAL	Austin Forward	I PAC (aka Move Austin Forw	rard)		
OR					
ORGANIZATION					
NAME					
Filer is an individual					
2 INDIVIDUAL OR	Address/ PO Bo	x*		Apartment of	or Suite Number
ORGANIZATION	P.O. Box 30285	54			
ADDRESS	City*			State*	Zip Code*
ADDICES	Austin			тх	78703
3					AAN III A 227 I
COMMITTEE TREASURER	Title	First Name			Middle Initial
NAME	Ms.	Laura		· · · · · · · · · · · · · · · · · · ·	
(if applicable)	Last Name		· · · · · · · · ·	Suffix	٦
	Hernandez				
4	Address/ PO Bo	ox		Apartment of	or Suite Number
COMMITTEE TREASURER	710 Colorado S	treet		#6C	-
ADDRESS	City			State	Zip Code
(if applicable)	Austin			тх	78701
5	Date Filed (yyy	vmmdd)*			
REPORT DATE	20160914	· · · · · · · · · · · · · · · · · · ·			

^{*} Indicates a required field



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: 9/14/16		
Det	Caura Herna	ndes
AFFIANT'S SIGNATURE	PRINT NAME	

STATE OF TEXAS

COUNTY OF TRAVIS

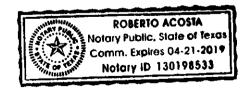
This instrument was acknowledged, sworn to and subscribed before me by

On the 14TH day of SEPTEMBER, 2016, to certify which witness my hand and official seal.

Alos Acosta ROBERTO ALOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	GNI Consulting		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	P.O. Box 3685008		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78701
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$2,250.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Outreach Consulting	20160908	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	FedEx Office		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	327 Congress Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78701
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$27.28	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Copying	20160908	

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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	Payee Title Payee First Name*		
PAYEE	Paul		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Saldana		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1612 Melissa Oaks En		.
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78744-7968
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$3,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Outreach Consulting	20160909	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Intuit		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2632 Marine Way	Ms 2675	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Accounting/Banking	\$20.79	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Bookkeeping & Payroll fee	20160909	

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			-



PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Check Mark Typesetting		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3217 N Interstate 35		-
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78722-2203
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Printing Expense	\$815.12	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Stickers	20160909	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	OfficeMax / Office Depot		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 S. Lamar Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78704-4921
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$107.48	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Office Supplies	20160911	

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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1	Payee Title Payee First Name*		
PAYEE	Laura		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Hernandez		
2	Payee Address/ PO Box*	Payee Apartment o	or Suite Number
PAYEE	2408 Manor Rd	108	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78722-2042
3	Category*	(\$) Expenditure Ar	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$4,440.27	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	Salary	20160912	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
iupport City of Austin Prop 1			
		 	
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Intuit		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYÉE	2632 Marine Way	Ms 2675	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Accounting/Banking	\$27.17	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Bookkeeping & Payroll	20160912	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	United States Treasury		
"	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	EFTPS	1500 Pennsylvania Ave, N.W.	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Washington	DC	20220-0001
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$7,136.64	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Payroll Taxes	20160912	

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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PAYEE		Payee First Name* David		
NAME Or	rganization Name	or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual Bu	utts			
2 Pa	ayee Address/ PO	Box*	Payee Apartment	or Suite Number
PAYEE 19	914 Patton Ln			
ADDRESS Pa	ayee City*		Payee State*	Payee Zip Code*
Au	ustin		тх	78723-1236
3 Ca	ategory*		(\$) Expenditure A	mount*
EXPENDITURE Sal	alaries/Wages/Cor	ntract labor	\$5,000.00	
DETAILS De	escription (If Categ	gory is "Other")	Expenditure Date ^a	*
οι	utreach Consulting	g	20160913	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	OfficeMax / Office Depot		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 South Lamar		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78704
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$67.10	· -
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20160913	

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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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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Jeff Organization Name or Contributor Last Name, as applicable* Coddington	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 5002 Contributor City* Austin Contributor Employer* Jones Lang LaSalle	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78761-5002 Contributor Occupation* Executive
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901	(\$) Contribution Amount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Tony Organization Name or Contributor Last Name, as applicable* Budet	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 29205 Contributor City* Austin Contributor Employer* UFCU	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78755-6205 Contributor Occupation* Business
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901	(\$) Contribution Amount* \$5,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kristina Organization Name or Contributor Last Name, as applicable* Baehr	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 300 W 6th St Contributor City* Austin Contributor Employer* McKool Smith PC	Contributor Apartment or Suite Number Suite 700 Contributor State* Contributor Zip Code* TX 78701-3941 Contributor Occupation* Attorney
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901	(\$) Contribution Amount* \$300.00



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Willis	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	3103 Honey Tree Ln	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78746-6723
EMPLOYER	Contributor Employer*	Contributor Occupation*
	KC Willis Companies, LLC	Land/Cattle/Real Estate
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION DETAILS	20160901	\$500.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Terry Organization Name or Contributor Last Name, as applicable* Irion	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 701 S. Taylor St Contributor City* Amarillo Contributor Employer* Sprouse Shrader Smith	Contributor Apartment or Suite Number Suite 500 Contributor State* Contributor Zip Code* TX 79101-2424 Contributor Occupation* Attorney
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901	(\$) Contribution Amount* \$500.00



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable* 3423 Holdings LLC (Inkind Donation)	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 507 Calles St Contributor City* Austin Contributor Employer* N/A	Contributor Apartment or Suite Number Suite 105 Contributor State* Contributor Zip Code* TX 78702-3954 Contributor Occupation* Landlord
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901	(\$) Contribution Amount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Terry Organization Name or Contributor Last Name, as applicable* Bray	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress Ave Contributor City* Austin Contributor Employer* Graves Dougherty	Contributor Apartment or Suite Number Suite 2200 Contributor State* Contributor Zip Code* TX 78701-3790 Contributor Occupation* Lawyer
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160902	(\$) Contribution Arnount* \$200.00



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.

1 CONTRIBUTOR NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Central National Bank		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 2525 Contributor City* Waco Contributor Employer* N/A	Contributor Apartme Contributor State* TX Contributor Occupat Banking	Contributor Zip Code* 76702-2525
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160903	(\$) Contribution Am \$1,000.00	ount*



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.

1 CONTRIBUTOR NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Stratus Properties		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	212 Lavaca St	Suite 300	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701-3955
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	Real Estate	
CONTRIBUTION DETAILS	Cantribution Date (yyyymmdd)* 20160903	(\$) Contribution Am \$10,000.00	ount*



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.

1 CONTRIBUTOR NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Centro Development LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2905 San Gabriel St	Suite 207	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78705-3539
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	Real Estate	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160903	(\$) Contribution Am \$5,000.00	ount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* John-Michael Organization Name or Contributor Last Name, as applicable* Cortez	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2401 Moreno St Contributor City* Austin Contributor Employer* Office of Mayor Steve Adler	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78723-2906 Contributor Occupation* Special Assistant
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160905	(\$) Contribution Amount* \$200.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Andrew Organization Name or Contributor Last Name, as applicable* Cantu	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 601 Long Bow Ln Contributor City* Austin Contributor Employer* Austin Chamber of Commerce	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78704-5632 Contributor Occupation* Regional Mobility Director
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Amount* \$100.00



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable* McGinnis Lochridge		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 600 Congress Ave Contributor City* Austin Contributor Employer*	Contributor Apartme Suite 2100 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701-2986
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Am \$500.00	ount*



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	
	The Sutton Company	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	111 Congress Ave	Suite G190
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78701-4200
EMPLOYER	Contributor Employer*	Contributor Occupation*
	N/A	Real Estate
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160906	\$1,000.00



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.

	· · · · · · · · · · · · · · · · · · ·		
1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Jackson Walker		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2323 Ross Ave	Suite 600	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Dallas	тх	75201-2725
EMPLOYER	Contributor Employer*	Contributor Occupati	ion*
	N/A	Law Firm	·
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20160906	\$5,000.00	



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.

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Deanna	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Rankin	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	6202 Skahan Ln	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78739-1686
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Merrill Lynch	Financial Services
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160906	\$50.00



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.

	-		
CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Elliott Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	McFadden		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	400 W Saint Elmo Rd	Apt 109	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	TX	78745-3303
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	Bike Share of Austin	Executive Director	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20160906	\$100.00	



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* David Organization Name or Contributor Last Name, as applicable* Sullivan	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1710 Waterston Ave Contributor City* Austin Contributor Employer* University of Texas at Austin	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78703-3937 Contributor Occupation* Research Associate
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Amount* \$100.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Greg Organization Name or Contributor Last Name, as applicable* Anderson	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3625 S 1st St Contributor City* Austin Contributor Employer* Austin Habitat for Humanity	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78704-6900 Contributor Occupation* Director of Operations
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Amount* \$53.00



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Ashley	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Kegley-Whitehead	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	1186 Ridgeway Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78702-2523
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Buie & Co.	Public Relations
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160906	\$50.00
DETAILS		



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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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kelley Organization Name or Contributor Last Name, as applicable* Hughes	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1524 S. Interstate 35 Contributor City* Austin Contributor Employer* Canvas Properties	Contributor Apartment or Suite Number Suite 365 Contributor State* Contributor Zip Code* TX 78704-2670 Contributor Occupation* Realtor
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Amount* \$40.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Caroline Organization Name or Contributor Last Name, as applicable* Pavlinik	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4701 Tello Path Contributor City* Austin Contributor Employer* Self	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78749-1135 Contributor Occupation* Sales/Marketing
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Amount* \$50.00



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.

NAME	
Contributor is an individual Organization Name or Contributor Last Name, as applicable*	
Sheryl Cole & Associates LLC	
Contributor Address/ PO Box* Contributor Apartment or Suite Number	
CONTRIBUTOR 4101 Wildwood Rd	
ADDRESS Contributor City* Contributor State* Contributor Zip Code*	
AND Austin TX 78722-1121	·
EMPLOYER Contributor Employer* Contributor Occupation*	
N/A Law Firm	
Contribution Date (yyyymmdd)* (\$) Contribution Amount*	
DETAILS 20160906 \$100.00	



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Sabino Renteria Campaign		^
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1511 Haskell St Contributor City* Austin Contributor Employer*	Contributor Apartme Contributor State* TX Contributor Occupation Campaign	Contributor Zip Code* 78702-5311
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160906	(\$) Contribution Am	ount*



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.

r .	·		
1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	K Friese & Associates, Inc.		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	1120 S. Capital of Texas Hwy	Cityview 2, Suite 100	-
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78746-6464
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	Civil Engineering	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20160906	\$1,000.00	



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Richard Organization Name or Contributor Last Name, as applicable* Dominguez	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 7001 Contributor City* Austin Contributor Employer* RMD Strategy LLC	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78713-7001 Contributor Occupation* Principal
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160907	(\$) Contribution Amount* \$20.00



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.

1		
CONTRIBUTOR NAME	Contributor Title Contributor First Name* Scott	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Moorhead	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4513 Rowood Rd Contributor City* Austin Contributor Employer* Woods Prairie LLC	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78722-1038 Contributor Occupation* Consultant
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160907	(\$) Contribution Amount* \$500.00



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Flannery	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Bope	Contributor Suffix
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	1512 Holstein Dr.	Apt 815
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78758-3643
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Austin American-Statesman	Audience Engagement Manager
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160907	\$25.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Elizabeth Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Christian	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	7629 Rockpoint Dr	Suite 1505
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78731-1438
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Elizabeth Christian Public Relations LLC	Public Relations Consultant
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160908	(\$) Contribution Amount* \$500.00



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.

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* David	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Goodman	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	4300 Tallowood Dr.	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78731-1224
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Law Office of David Goodman	Attorney
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160909	\$750.00
CONTRIBUTION		7



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.

	· · · · · · · · · · · · · · · · · · ·	
CONTRIBUTOR NAME	Contributor Title Contributor First Name* David	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Kuperman	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	10820 Straw Flower Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78733-5749
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Self Employed	Attorney
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160910	\$250.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* David Organization Name or Contributor Last Name, as applicable* Falk	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8101 Forest Mesa Dr Contributor City* Austin Contributor Employer* State of Texas	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78759-8713 Contributor Occupation* Director
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160910	(\$) Contribution Amount* \$10.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* John Organization Name or Contributor Last Name, as applicable* Holmes	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 6000 Lonesome Valley Trl Contributor City* Austin Contributor Employer* Forcepoint LLC	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78731-3748 Contributor Occupation* Attorney
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$500.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* John Organization Name or Contributor Last Name, as applicable* King	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1417 Dwyce Dr Contributor City* Austin Contributor Employer* Spark Cognition	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78757-2515 Contributor Occupation* Marketing
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$25.00



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Hahn	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	6700 Hot Springs Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78749-4003
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Hahn Public Communications	Public Relations
3	Contribution Date {yyyymmdd}*	(\$) Contribution Amount*
CONTRIBUTION DETAILS	20160912	\$1,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Brett Organization Name or Contributor Last Name, as applicable* Denton	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 12 Chapin Ln Contributor City* Austin Contributor Employer* Ardent Residential	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78746-2542 Contributor Occupation* Real Estate Developer
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$250.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Ben Organization Name or Contributor Last Name, as applicable* Bentzin	Contributor Suffix	
	Deritzin		
CONTRIBUTOR ADDRESS AND	Contributor Address/ PO Box* 2305 Windsor Rd Contributor City* Austin	Contributor Apartme Contributor State*	Contributor Zip Code*
EMPLOYER			. *
	Contributor Employer*	Contributor Occupat	ion
	UT Austin-McCombs School of Business	Professor	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Am \$100.00	ount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Drew Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Duncan	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	1911 Calle Caliche	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78733-2101
EMPLOYER	Contributor Employer*	Contributor Occupation*
	RGM	Finance
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$500.00



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.

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Neel	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	White	
2 CONTRIBUTOR	Contributor Address/ PO Box* 4220 River Garden Trl	Contributor Apartment or Suite Number
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78746-2011
EMPLOYER	Contributar Employer*	Contributor Occupation*
	White Construction Company	Chief Executive Officer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$1,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Sandra Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Hicks	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3001 Bonnie Rd Contributor City* Austin Contributor Employer* Hicks & Company	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78703-2807 Contributor Occupation* Environmental Consultant
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$500.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kevin Organization Name or Contributor Last Name, as applicable* Burns	Contributor Suffix
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	801 W 5th St	Suite 100
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND EMPLOYER	Austin	TX 78703-5405
LIMITEOTER	Contributor Employer*	Contributor Occupation*
	urbanspace	Real Estate
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION DETAILS	20160912	\$1,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Bret Organization Name or Contributor Last Name, as applicable* Kadison	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1504 Brackenridge St Contributor City* Austin Contributor Employer* Brazos Resources	Contributor Apartment or Suite Number Suite I-220 Contributor State* Contributor Zip Code* TX 78704-2431 Contributor Occupation* Chairman of the Board
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912	(\$) Contribution Amount* \$100.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Paul Organization Name or Contributor Last Name, as applicable* Trylko	Contributor Suffix	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1405 Pear Ct Contributor City* Pflugerville Contributor Employer* Amplify FCU	Contributor Apartmer Contributor State* TX Contributor Occupation Executive	Contributor Zip Code* 78660-5809
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913	(\$) Contribution Amo	ount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* H. M. (Mac) Organization Name or Contributor Last Name, as applicable* Pike	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 101 Colorado St Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Apt 3402 Contributor State* Contributor Zip Code* TX 78701-4462 Contributor Occupation*
3 CONTRIBUTION DETAILS	The Sutton Company Contribution Date (yyyymmdd)* 20160913	(\$) Contribution Amount*



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kerry Organization Name or Contributor Last Name, as applicable* Hall	Contributor Suffix	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 98 San Jacinto Blvd Contributor City* Austin Contributor Employer* Texas Capital Bank	Contributor Apartn Suite 200 Contributor State* TX Contributor Occupa	78701-4257
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913	(\$) Contribution A	mount*



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Michael	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Cantributor Suffix
	Klein	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	600 N. Marienfeld St	Suite 906
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Midland	TX 79701-3363
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Self Employed	Investor
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20160913	\$10,000.00
DETAILS	20100313	



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Hughes Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Abell	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	1102 Enfield Rd	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78703-4128
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Llano Partners, Ltd.	General Partner
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160913	\$2,500.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Raymond Organization Name or Contributor Last Name, as applicable* Chan	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4319 James Casey St Contributor City* Austin Contributor Employer* Chan & Partners Engineering, LLC	Contributor Apartment or Suite Number Suite 300 Contributor State* Contributor Zip Code* TX 78745-1189 Contributor Occupation* Engineer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913	(\$) Contribution Amount* \$2,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Channy Organization Name or Contributor Last Name, as applicable* Soeur	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 7908 Cameron Rd Contributor City* Austin Contributor Employer* CAS Consulting & Services, Inc.	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78754-3850 Contributor Occupation* Engineer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913	(\$) Contribution Amount* \$5,000.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Sung Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Kang	
2	Contributar Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	5903 Pecanwood Ln	
ADDRESS	Contributar City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78749-3539
EMPLOYER	Contributor Employer*	Contributor Occupation*
	NWL Insurance Company	Software Engineer
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20160913	\$25.00



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* not used Organization Name or Contributor Last Name, as applicable* not used	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* not used Contributor City* not used Contributor Employer* not used	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX not used Contributor Occupation*
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913	(\$) Contribution Amount* \$0.00

Add Another Contribution Page