Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

1	Committee or Organization Name*
INDIVIDUAL OR ORGANIZATION NAME ☐ Filer is an individual	Austin Forward PAC (aka Move Austin Forward)

2 **INDIVIDUAL OR ORGANIZATION ADDRESS**		
Address/ PO Box* P.O. Box 302854		Apartment or Suite Number
City* Austin	State* TX	Zip Code* 78703

3 **COMMITTEE TREASURER NAME** (if applicable)		
Title Ms.	First Name Laura	Middle Initial
Last Name Hernandez	Suffix	

4 **COMMITTEE TREASURER ADDRESS** (if applicable)		
Address/ PO Box 710 Colorado Street		Apartment or Suite Number #6C
City Austin	State TX	Zip Code 78701

5 **REPORT DATE**	Date Filed (yyyymmdd)*
	20160919

* Indicates a required field

Report Of Direct Campaign Expenditures: Schedule ATX.1

(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: 9/20/16

_____
AFFIANT'S SIGNATURE

_____
Laura Hernandez
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

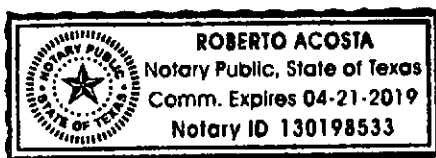This instrument was acknowledged, sworn to and subscribed before me by

LAURA HERNANDEZ

On the 20TH day of SEPTEMBER , 2016 , to certify which witness my hand and official seal.

_____
Notary Public in and for the State of Texas

_____
ROBERTO ACOSTA
Typed or Printed Name of Notary

```
ROBERTO ACOSTA
Notary Public, State of Texas
Comm. Expires 04-21-2019
Notary ID 130198533
```

Revised 8/4/2016
Page 2 of 36

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME	
☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* OfficeMax / Office Depot

2 PAYEE ADDRESS		
	Payee Address/ PO Box* 2101 S Lamar Blvd	Payee Apartment or Suite Number
	Payee City* Austin	Payee State* TX Payee Zip Code* 78704-4921

3 EXPENDITURE DETAILS		
	Category* Office Overhead/Rental Expense	($) Expenditure Amount* $60.61
	Description (If Category is "Other") Office Supplies	Expenditure Date* 20160914

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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

1		
PAYEE NAME ☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* New Fortune Chinese Seafood Restaurant	

2		
PAYEE ADDRESS	Payee Address/ PO Box* 10901 N Lamar Blvd	Payee Apartment or Suite Number
	Payee City* Austin	Payee State* TX Payee Zip Code* 78753-3696

3		
EXPENDITURE DETAILS	Category* Event Expense	($) Expenditure Amount* $2,400.99
	Description (If Category is "Other") Food and Drink	Expenditure Date* 20160914

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME	
☐ Payee is an individual	Organization Name or Payee Last Name, as applicable*
	Time Warner Cable

2 PAYEE ADDRESS		
	Payee Address/ PO Box*	Payee Apartment or Suite Number
	1 Time Warner Center	
	Payee City*	Payee State* / Payee Zip Code*
	New York City	NY / 10019-6038

3 EXPENDITURE DETAILS		
	Category*	($) Expenditure Amount*
	Office Overhead/Rental Expense	$313.45
	Description (If Category is "Other")	Expenditure Date*
	Internet Service	20160914

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
Mr.	Jim

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Wick	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
10551 Billbrook Pl	

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78748-2430

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$3,851.15

Description (If Category is "Other")	Expenditure Date*
Salary	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME ☒ Payee is an individual	Payee Title	Payee First Name*
	Mr.	Patrick
	Organization Name or Payee Last Name, as applicable*	Payee Suffix
	McDonald	

2 PAYEE ADDRESS	Payee Address/ PO Box*	Payee Apartment or Suite Number
	115 Coleman St	
	Payee City*	Payee State* / Payee Zip Code*
	Austin	TX / 78704-6317

3 EXPENDITURE DETAILS	Category*	($) Expenditure Amount*
	Salaries/Wages/Contract labor	$1,750.00
	Description (If Category is "Other")	Expenditure Date*
	Contract Labor	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
Mr.	Christian

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Smith	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
4612 Caswell Ave	

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78751-3352

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$1,500.00

Description (If Category is "Other")	Expenditure Date*
Contract Labor	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
	David

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Chincanchan	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
4908 Parell Path	

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78744-3808

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$1,757.20

Description (If Category is "Other")	Expenditure Date*
Salary	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME
☒ Payee is an individual

| Payee Title | Payee First Name* |
| | Mercedes |

| Organization Name or Payee Last Name, as applicable* | Payee Suffix |
| Bellcase | |

2 PAYEE ADDRESS

| Payee Address/ PO Box* | Payee Apartment or Suite Number |
| P.O. Box 1805 | |

| Payee City* | Payee State* | Payee Zip Code* |
| Bastrop | TX | 78602-8805 |

3 EXPENDITURE DETAILS

| Category* | ($) Expenditure Amount* |
| Salaries/Wages/Contract labor | $450.00 |

| Description (If Category is "Other") | Expenditure Date* |
| Contract Labor | 20160915 |

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			

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
	Jacob

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Aronowitz	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
6403B Chimney Creek Cir	

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78723-3314

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$336.00

Description (If Category is "Other")	Expenditure Date*
Contract Labor	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
	Michael

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Balot	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
2608B Carnarvon Ln	

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78704-5602

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$900.00

Description (If Category is "Other")	Expenditure Date*
Contract Labor	20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1 PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
	Ryan

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Rosshirt	

2 PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
2713 Windswept Cv	Apt 101

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78745-1408

3 EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$1,125.00

Description (If Category is "Other")	Expenditure Date*
Contract Labor	20150915

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			

Report Of Direct Campaign
Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1		
PAYEE **NAME** ☒ Payee is an individual	Payee Title [ ]	Payee First Name* Dallen
	Organization Name or Payee Last Name, as applicable* Terrell	Payee Suffix [ ]

2		
PAYEE **ADDRESS**	Payee Address/ PO Box* 11313 Aden Ct	Payee Apartment or Suite Number [ ]
	Payee City* Austin	Payee State* TX Payee Zip Code* 78739-1589

3		
EXPENDITURE **DETAILS**	Category* Salaries/Wages/Contract labor	($) Expenditure Amount* $810.00
	Description (If Category is "Other") Contract Labor	Expenditure Date* 20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1

PAYEE NAME

☒ Payee is an individual

Payee Title	Payee First Name*
	Alexander

Organization Name or Payee Last Name, as applicable*	Payee Suffix
Anstead	

2

PAYEE ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number
4600 Guadalupe	B141

Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78751

3

EXPENDITURE DETAILS

Category*	($) Expenditure Amount*
Salaries/Wages/Contract labor	$990.00

Description (If Category is "Other")	Expenditure Date*
Contract Labor	20160915

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			

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

1 PAYEE NAME		
☒ Payee is an individual	Payee Title	Payee First Name* Khai
	Organization Name or Payee Last Name, as applicable* Parker	Payee Suffix

2 PAYEE ADDRESS		
	Payee Address/ PO Box*	Payee Apartment or Suite Number
	Payee City* Austin	Payee State* TX · · · Payee Zip Code*

3 EXPENDITURE DETAILS		
	Category* Salaries/Wages/Contract labor	($) Expenditure Amount* $450.00
	Description (If Category is "Other") Contract Labor	Expenditure Date* 20160915

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			

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1		
PAYEE NAME ☒ Payee is an individual	Payee Title	Payee First Name* Manuel
	Organization Name or Payee Last Name, as applicable* Munoz	Payee Suffix

2		
PAYEE ADDRESS	Payee Address/ PO Box* 1007 E Rundberg Ln	Payee Apartment or Suite Number Apt 238
	Payee City* Austin	Payee State* TX Payee Zip Code* 78753-4857

3		
EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor	($) Expenditure Amount* $180.00
	Description (If Category is "Other") Contract Labor	Expenditure Date* 20160915

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			

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

1

PAYEE NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Cricket Wireless

2

PAYEE ADDRESS

Payee Address/ PO Box*

529 W Oltorf St

Payee Apartment or Suite Number

Ste A1

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78704-5447

3

EXPENDITURE DETAILS

Category*

Office Overhead/Rental Expense

($) Expenditure Amount*

$250.00

Description (If Category is "Other")

Field Communication Equipment

Expenditure Date*

20160916

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			

Report Of Direct Campaign
Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1	
PAYEE **NAME** ☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* Rindy Miller Media

2		
PAYEE **ADDRESS**	Payee Address/ PO Box* 2401 E 6th St	Payee Apartment or Suite Number Apt 238
	Payee City* Austin	Payee State* TX Payee Zip Code* 78704-5447

3		
EXPENDITURE **DETAILS**	Category* Printing Expense	($) Expenditure Amount* $94,141.44
	Description (If Category is "Other") Bulk Mail	Expenditure Date* 20160916

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

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

1

PAYEE

NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Kelly Graphics

2

PAYEE

ADDRESS

Payee Address/ PO Box*

1409 Quaker Ridge

Payee Apartment or Suite Number

Payee City*

Austin

Payee State*

TX

Payee Zip Code*

78746

3

EXPENDITURE

DETAILS

Category*

Printing Expense

($) Expenditure Amount*

$13,426.25

Description (If Category is "Other")

Field Literature

Expenditure Date*

20160915

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 of City of Austin Prop 1			

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

1

PAYEE

NAME

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

Worley Printing Co.

2

PAYEE

ADDRESS

Payee Address/ PO Box*	Payee Apartment or Suite Number	
3217 N I-35		
Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78703

3

EXPENDITURE

DETAILS

Category*	($) Expenditure Amount*
Printing Expense	$325.83
Description (If Category is "Other")	Expenditure Date*
Collateral Material	20160915

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 of City of Austin Prop 1			

Add Another Expenditure Page

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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

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

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

1	
CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title / Contributor First Name* Pete Organization Name or Contributor Last Name, as applicable* Winstead / Contributor Suffix

2	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 79 Pascal Ln / Contributor Apartment or Suite Number Contributor City* Austin / Contributor State* TX / Contributor Zip Code* 78746 Contributor Employer* Winstead, P.C. / Contributor Occupation* Attorney

3	
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914 / ($) 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.

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* Austin Apt Assoc PAC Committee

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box* 4107 Medical Pkwy	Contributor Apartment or Suite Number Ste 100
	Contributor City* Austin	Contributor State* TX Contributor Zip Code* 78756-3736
	Contributor Employer* N/A	Contributor Occupation* N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)* 20160914	($) Contribution Amount* $15,000.00

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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	Contributor Title	Contributor First Name* Robert
	Organization Name or Contributor Last Name, as applicable* Lee	Contributor Suffix

2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 10104 Eastman Cv		Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78750-3911
	Contributor Employer* Land Development and Construction	Contributor Occupation* Founder	

3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914	($) 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.

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

1		
CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title	Contributor First Name* Savy
	Organization Name or Contributor Last Name, as applicable* Buoy	Contributor Suffix

2		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 514 Ladin Ln	Contributor Apartment or Suite Number
	Contributor City* Lakeway	Contributor State* TX Contributor Zip Code* 78734-4103
	Contributor Employer* Savy Realty & Acquisition, Inc.	Contributor Occupation* Real Estate Broker

3		
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914	($) 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.

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

1 CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title	Contributor First Name* Jamie	
	Organization Name or Contributor Last Name, as applicable* Amilio		Contributor Suffix

2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 219 Bella Riva Dr.		Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78734-2659
	Contributor Employer* Caring For Cambodia	Contributor Occupation* CEO	

3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914	($) Contribution Amount* $1,500.00

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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

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

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

1 CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title	Contributor First Name* Dennis
	Organization Name or Contributor Last Name, as applicable* Reis	Contributor Suffix

2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4701 Monterey Oaks Blvd		Contributor Apartment or Suite Number Apt 1335
	Contributor City* Omer	Contributor State* MI	Contributor Zip Code* 48749
	Contributor Employer* Briggs & Morgan	Contributor Occupation* Attorney	

3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914	($) Contribution Amount* $50.00

Report Of Direct Campaign
Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

Contribution

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

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

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

1	
CONTRIBUTOR NAME ☒ Contributor is an individual	Contributor Title / Contributor First Name* Rela
	Organization Name or Contributor Last Name, as applicable* Manigsaca / Contributor Suffix

2	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3101 Davis Ln / Contributor Apartment or Suite Number Apt 8003
	Contributor City* Austin / Contributor State* TX / Contributor Zip Code* 78748
	Contributor Employer* Realty Austin / Contributor Occupation* Realtor

3	
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914 / ($) 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.

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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	Contributor Title	Contributor First Name* Sumit
	Organization Name or Contributor Last Name, as applicable* DasGupta	Contributor Suffix

2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8900 Bluegrass Dr.		Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78759
	Contributor Employer* Retired		Contributor Occupation* Retired Sr. VP

3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	($) Contribution Amount* $250.00

Contribution

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

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

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

1 CONTRIBUTOR NAME	
☐ Contributor is an individual	Organization Name or Contributor Last Name, as applicable*
	Manchester Texas Financial Group LLC

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	111 Congress Ave	Suite 1125
	Contributor City*	Contributor State* Contributor Zip Code*
	Austin	TX 78701
	Contributor Employer*	Contributor Occupation*
	N/A	N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	($) Contribution Amount*
	20160916	$20,000.00

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.

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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*	
	CDM Smith Inc PAC Account	

2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	6303 Lamplight Ln	
	Contributor City*	Contributor State* Contributor Zip Code*
	Austin	TX 78731
	Contributor Employer*	Contributor Occupation*
	N/A	N/A

3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	($) Contribution Amount*
	20160916	$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.

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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*
	Unintech Consulting Engineers, Inc.

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	2431 E Evans Rd	
	Contributor City*	Contributor State* Contributor Zip Code*
	San Antonio	TX 78259
	Contributor Employer*	Contributor Occupation*
	N/A	N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	($) Contribution Amount*
	20160916	$5,000.00

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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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	Contributor Title Contributor First Name* Tina Organization Name or Contributor Last Name, as applicable* Contributor Suffix Lin

2	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number 13409 Capadocia Cv Contributor City* Contributor State* Contributor Zip Code* Austin TX 78727 Contributor Employer* Contributor Occupation* Personify Financial

3	
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* ($) Contribution Amount* 20160916 $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.

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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* kswleefamily@yahoo

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box* 13584 Pond Springs Rd	Contributor Apartment or Suite Number No B
	Contributor City* Austin	Contributor State* TX Contributor Zip Code* 78729
	Contributor Employer* N/A	Contributor Occupation* N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)* 20160916	($) Contribution Amount* $200.00

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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.

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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	Contributor Title	Contributor First Name* Liao (Eva)	
	Organization Name or Contributor Last Name, as applicable* Lin		Contributor Suffix

2 **CONTRIBUTOR ADDRESS AND EMPLOYER**	Contributor Address/ PO Box* 10105 Kistler Cv		Contributor Apartment or Suite Number	
	Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78759
	Contributor Employer* TDLR		Contributor Occupation* System Analyst	

3 **CONTRIBUTION DETAILS**	Contribution Date (yyyymmdd)* 20160916	($) 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.

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1 CONTRIBUTOR NAME	
☐ Contributor is an individual	Organization Name or Contributor Last Name, as applicable*
	Hejl, Lee & Associates, Inc.

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	321 Ed Schmidt Blvd	Ste 100
	Contributor City*	Contributor State* / Contributor Zip Code*
	Hutto	TX / 78634
	Contributor Employer*	Contributor Occupation*
	N/A	N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	($) Contribution Amount*
	20160916	$2,000.00

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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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	Contributor Title / Contributor First Name* Paul	
	Organization Name or Contributor Last Name, as applicable* Kim	Contributor Suffix

2		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 10524 Roy Butler Dr.	Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX Contributor Zip Code* 78717
	Contributor Employer* ATX Environmental Solutions	Contributor Occupation* President

3		
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	($) Contribution Amount* $2,000.00

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1 CONTRIBUTOR NAME	
☐ Contributor is an individual	Organization Name or Contributor Last Name, as applicable*
	Aquirre & Fields LP

2 CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	12999 Jess Pirtle Blvd	
	Contributor City*	Contributor State* Contributor Zip Code*
	Sugar Land	TX 77478
	Contributor Employer*	Contributor Occupation*
	N/A	N/A

3 CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	($) Contribution Amount*
	20160916	$2,500.00

Add Another Contribution Page