



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
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2016 SEP 22 AM 11 00

1	INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* 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)* 20160922		

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 9/22/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

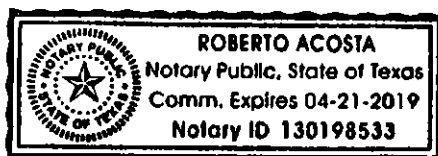
LAURA HERNANDEZ

On the 22ND 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





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Expenditure

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

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Mi Madres</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2201 Manor Rd</div>	Payee Apartment or Suite Number <div></div>	
	Payee City* <div>Austin</div>	Payee State* <div>TX</div>	Payee Zip Code* <div>78722-2133</div>
3 EXPENDITURE DETAILS	Category* <div>Event Expense</div>		
	(\$) Expenditure Amount* <div>\$76.74</div>		
	Description (If Category is "Other") <div></div>		Expenditure Date* <div>20160920</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Austin B-Cycle		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1000 Brazos St	Payee Apartment or Suite Number Ste 100	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-2352
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$20,316.45	
		Description (If Category is "Other")	Expenditure Date* 20160920	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

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

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Electric Cab of Austin		
2	PAYEE ADDRESS	Payee Address/ PO Box* 5011 E Cesar Chavez St	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702-5141
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$ Expenditure Amount* \$3,750.00	
		Description (If Category is "Other")	Expenditure Date* 20160920Support City of Austin Prop 1	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

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

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Movemint Bike Cab		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1710 E 2nd St	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702-4414
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$23,000.00	
		Description (If Category is "Other")	Expenditure Date* 20160920	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Reagan National Advertising		
2	PAYEE ADDRESS	Payee Address/ PO Box* 7301 Burleson Rd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78744-3207
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$ Expenditure Amount* \$30,000.00	
		Description (If Category is "Other")	Expenditure Date* 20160920	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Cothron Safe & Lock Inc.		
2	PAYEE ADDRESS	Payee Address/ PO Box* 8120 Exchange Dr.	Payee Apartment or Suite Number Ste 100	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78754-5234
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$ Expenditure Amount* \$97.48	
		Description (If Category is "Other")	Expenditure Date* 20160920	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

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Contribution

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

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

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Alex Organization Name or Contributor Last Name, as applicable* Tan Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9430 Research Blvd Contributor City* Austin Contributor Employer* CBJS Chinatown Center Contributor Apartment or Suite Number # Echelon4 Contributor State* TX Contributor Zip Code* 78759-6586 Contributor Occupation* General Manager
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160919 (\$) Contribution Amount* \$1,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Lan Organization Name or Contributor Last Name, as applicable* Tan Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 10901 N Lamar Blvd Contributor Apartment or Suite Number Ste G Contributor City* Austin Contributor State* TX Contributor Zip Code* 78753-3798 Contributor Employer* MT Supermarket Contributor Occupation* Manager
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160919 (\$) Contribution Amount* \$2,500.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>One Eighty Construction Inc.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>701 Rio Grande St</div>	Contributor Apartment or Suite Number <div>Ste B</div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701-2778</div>
	Contributor Employer* <div>N/A</div>	Contributor Occupation* <div>N/A</div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160920</div>		(\$) Contribution Amount* <div>\$2,500.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Thomas Graphics, Inc.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>P.O. Box 142226</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78714-2226</div>
	Contributor Employer* <div>N/A</div>	Contributor Occupation* <div>N/A</div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160920</div>		(\$) Contribution Amount* <div>\$1,000.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Andrews & Kurth, LLP</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>600 Travis St</div>	Contributor Apartment or Suite Number <div>Ste 4200</div>	
	Contributor City* <div>Houston</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>77002-2929</div>
	Contributor Employer* <div>N/A</div>	Contributor Occupation* <div>N/A</div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160920</div>		(\$) Contribution Amount* <div>\$5,000.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Thrive FP LLC</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>809 N Cuernavaca Dt</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78733-3217</div>
	Contributor Employer* <div>N/A</div>	Contributor Occupation* <div>N/A</div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160920</div>		(\$) Contribution Amount* <div>\$1,000.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Hill Country Conservancy</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>P.O. Box 163125</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78716-3125</div>
	Contributor Employer* <div>N/A</div>	Contributor Occupation* <div>N/A</div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20150920</div>		(\$) Contribution Amount* <div>\$500.00</div>

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Therese Organization Name or Contributor Last Name, as applicable* Baer Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5710 Misty Hill Cv Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78759-6238 Contributor Employer* Baer Engineering & Environmental Consulting, Inc. Contributor Occupation* Professional Engineer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160920 (\$ Contribution Amount* \$3,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Jason Organization Name or Contributor Last Name, as applicable* Crawford Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3005 S Lamar Blvd Contributor City* Austin Contributor State* TX Contributor Zip Code* 78704-4785 Contributor Apartment or Suite Number Ste D109 Contributor Employer* 1977 Contributor Occupation* Insurance
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160920 (\$) Contribution Amount* \$2,000.00

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