



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

AMENDED 9/19/16 REPORT

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)* 2016 09 20		

* Indicates a required field



**Report Of Direct Campaign
Expenditures: Schedule ATX.1**

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
RECEIVED

2016 SEP 21 PM 3 41

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: 9/21/16

[Signature]

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

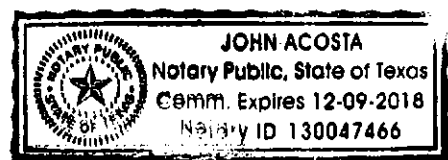
On the 21st day of September, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

John Acosta

Typed or Printed Name of Notary





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 Title Contributor First Name* Pete
<input checked="" type="checkbox"/> Contributor is an individual	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* 78746-2552 Contributor Employer* Winstead, P.C. Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160914 (\$) Contribution Amount* 5000

Add Another Contribution Page



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1 CONTRIBUTOR NAME <input type="checkbox"/> 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* 15000	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Robert</td></tr><tr><td>Organization Name or Contributor Last Name as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Lee</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Robert	Organization Name or Contributor Last Name as applicable*	Contributor Suffix	Lee																	
Contributor Title	Contributor First Name*																								
	Robert																								
Organization Name or Contributor Last Name as applicable*	Contributor Suffix																								
Lee																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address / PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">10104 Eastman Cv</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78750-3911</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Land Development and Construction</td><td colspan="2">Founder</td></tr></table>	Contributor Address / PO Box*		Contributor Apartment or Suite Number		10104 Eastman Cv				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78750-3911		Contributor Employer*		Contributor Occupation*		Land Development and Construction		Founder	
Contributor Address / PO Box*		Contributor Apartment or Suite Number																							
10104 Eastman Cv																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78750-3911																							
Contributor Employer*		Contributor Occupation*																							
Land Development and Construction		Founder																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160914</td><td>2000</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160914	2000																				
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20160914	2000																								

[Add Another Contribution Page](#)



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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Savy</td></tr><tr><td>Organization Name or Contributor Last Name as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Buoy</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Savy	Organization Name or Contributor Last Name as applicable*	Contributor Suffix	Buoy											
Contributor Title	Contributor First Name*																		
	Savy																		
Organization Name or Contributor Last Name as applicable*	Contributor Suffix																		
Buoy																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address / PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>514 Ladin Ln</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Lakeway</td><td>TX</td><td>78734-4103</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Savy Realty & Acquisition Inc.</td><td colspan="2">Real Estate Broker</td></tr></table>	Contributor Address / PO Box*	Contributor Apartment or Suite Number		514 Ladin Ln			Contributor City*	Contributor State*	Contributor Zip Code*	Lakeway	TX	78734-4103	Contributor Employer*	Contributor Occupation*		Savy Realty & Acquisition Inc.	Real Estate Broker	
Contributor Address / PO Box*	Contributor Apartment or Suite Number																		
514 Ladin Ln																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Lakeway	TX	78734-4103																	
Contributor Employer*	Contributor Occupation*																		
Savy Realty & Acquisition Inc.	Real Estate Broker																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160914</td><td>2000</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160914	2000														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20160914	2000																		

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Jamie</td></tr><tr><td>Organization Name or Contributor Last Name as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Amelio</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Jamie	Organization Name or Contributor Last Name as applicable*	Contributor Suffix	Amelio											
Contributor Title	Contributor First Name*																		
	Jamie																		
Organization Name or Contributor Last Name as applicable*	Contributor Suffix																		
Amelio																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address / PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>219 Bella Riva Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78734-2659</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Caring For Cambodia</td><td colspan="2">CEO</td></tr></table>	Contributor Address / PO Box*	Contributor Apartment or Suite Number		219 Bella Riva Dr			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78734-2659	Contributor Employer*	Contributor Occupation*		Caring For Cambodia	CEO	
Contributor Address / PO Box*	Contributor Apartment or Suite Number																		
219 Bella Riva Dr																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78734-2659																	
Contributor Employer*	Contributor Occupation*																		
Caring For Cambodia	CEO																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160914</td><td>1500</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160914	1500														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20160914	1500																		

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1 CONTRIBUTOR NAME <input type="checkbox"/> 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* 111 Congress Ave	Contributor Apartment or Suite Number Ste 1125	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-4050
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	(\$) Contribution Amount* 20000	

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1 CONTRIBUTOR NAME <input type="checkbox"/> 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* 7303 Lamplight Ln	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78731-2121
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	(\$) Contribution Amount* 5000	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name as applicable* Unitech Consulting Engineers, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 2431 E Evans Rd	Contributor Apartment or Suite Number 	Contributor City* San Antonio
	Contributor State* TX	Contributor Zip Code* 78259-2755	Contributor Employer* N/A
	Contributor Occupation* N/A		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	(\$) Contribution Amount* 5000	

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1 CONTRIBUTOR NAME <input type="checkbox"/> 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* 321 Ed Schmidt Blvd	Contributor Apartment or Suite Number Ste 100	
	Contributor City* Hutto	Contributor State* TX	Contributor Zip Code* 78634-5590
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916	(\$) Contribution Amount* 2000	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Paul</td></tr><tr><td>Organization Name or Contributor Last Name as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Kim</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Paul	Organization Name or Contributor Last Name as applicable*	Contributor Suffix	Kim											
Contributor Title	Contributor First Name*																		
	Paul																		
Organization Name or Contributor Last Name as applicable*	Contributor Suffix																		
Kim																			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address / PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td>10524 Roy Butler Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78717-3905</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>ATX Environmental Solutions</td><td colspan="2">President</td></tr></table>	Contributor Address / PO Box*	Contributor Apartment or Suite Number		10524 Roy Butler Dr			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78717-3905	Contributor Employer*	Contributor Occupation*		ATX Environmental Solutions	President	
Contributor Address / PO Box*	Contributor Apartment or Suite Number																		
10524 Roy Butler Dr																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78717-3905																	
Contributor Employer*	Contributor Occupation*																		
ATX Environmental Solutions	President																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160916</td><td>2000</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160916	2000														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name as applicable* Aguirre & Fields LP		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 12999 Jess Pirtle Blvd	Contributor Apartment or Suite Number	
	Contributor City* Sugar Land	Contributor State* TX	Contributor Zip Code* 77478-2851
	Contributor Employer* N/A	Contributor Occupation* N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160916		(%) Contribution Amount* 2500

[Add Another Contribution Page](#)



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor 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") 		Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



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Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title Payee First Name* David
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Chincanchan Payee Suffix
2 PAYEE ADDRESS	Payee Address / PO Box* 4908 Parell Path Payee Apartment or Suite Number Payee City* Austin Payee State* TX Payee Zip Code* 78744-3808
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract Labor (\$) Expenditure Amount* \$19.00 Description (If Category is "Other") Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



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Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title			Payee First Name*		
	<input type="text"/>			<input type="text" value="Mercedes"/>		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*			Payee Suffix		
	<input type="text" value="Bellcase"/>			<input type="text"/>		
2 PAYEE ADDRESS	Payee Address / PO Box*			Payee Apartment or Suite Number		
	<input type="text" value="PO Box 1805"/>			<input type="text"/>		
	Payee City*			Payee State*		Payee Zip Code*
	<input type="text" value="Bastrop"/>			<input type="text" value="TX"/>		<input type="text" value="78602-8805"/>
3 EXPENDITURE DETAILS	Category*			(\$) Expenditure Amount*		
	<input type="text" value="Salaries/Wages/Contract Labor"/>			<input type="text" value="\$450.00"/>		
	Description (If Category is "Other")			Expenditure Date (yyyymmdd)*		
	<input type="text"/>			<input type="text" value="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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



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Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title <input type="text"/>			Payee First Name* <input type="text" value="Jacob"/>		
	<input checked="" type="checkbox"/> Contributor is an individual			Organization Name or Payee Last Name as applicable* <input type="text" value="Aronowitz"/>		
			Payee Suffix <input type="text"/>			
2 PAYEE ADDRESS	Payee Address / PO Box*			Payee Apartment or Suite Number		
	<input type="text" value="6403B Chimney Creek Cir"/>			<input type="text"/>		
	Payee City*			Payee State*		Payee Zip Code*
	<input type="text" value="Austin"/>			<input type="text" value="TX"/>		<input type="text" value="78723-3314"/>
3 EXPENDITURE DETAILS	Category*			(\$) Expenditure Amount*		
	<input type="text" value="Salaries/Wages/Contract Labor"/>			<input type="text" value="\$336.00"/>		
	Description (If Category is "Other")			Expenditure Date (yyyymmdd)*		
	<input type="text"/>			<input type="text" value="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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



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Itemize each expenditure in Sections 1-4.

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1 PAYEE NAME	Payee Title	Payee First Name*		
		Michael		
<input checked="" type="checkbox"/> Contributor is an individual	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 (yyyymmdd)*	
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



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1 PAYEE NAME <input checked="" type="checkbox"/> Contributor is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Ryan"/>
	Organization Name or Payee Last Name as applicable* <input type="text" value="Rosshirt"/>	Payee Suffix <input type="text"/>
2 PAYEE ADDRESS	Payee Address / PO Box* <input type="text" value="2713 Windswept Cv"/>	Payee Apartment or Suite Number <input type="text" value="Apt 101"/>
	Payee City* <input type="text" value="Austin"/>	Payee State* <input type="text" value="TX"/>
		Payee Zip Code* <input type="text" value="78745-1408"/>
3 EXPENDITURE DETAILS	Category* <input type="text" value="Salaries/Wages/Contract Labor"/>	(\$) Expenditure Amount* <input type="text" value="\$1,125.00"/>
	Description (If Category is "Other") <input type="text"/>	Expenditure Date (yyyymmdd)* <input type="text" value="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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title	Payee First Name*		
		Dallen		
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*		Payee Suffix	
	Terrell			
2 PAYEE ADDRESS	Payee Address / PO Box*		Payee Apartment or Suite Number	
	11313 Aden Ct			
	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78739-1589	
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*	
	Salaries/Wages/Contract Labor		\$810.00	
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)*	
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title		Payee First Name*	
	<input type="text"/>		<input type="text" value="Alexander"/>	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*		Payee Suffix	
	<input type="text" value="Anstead"/>		<input type="text"/>	
2 PAYEE ADDRESS	Payee Address / PO Box*		Payee Apartment or Suite Number	
	<input type="text" value="4600 Buadalupe"/>		<input type="text" value="B141"/>	
	Payee City*		Payee State*	Payee Zip Code*
	<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78751-3352"/>
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*	
	<input type="text" value="Salaries/Wages/Contract Labor"/>		<input type="text" value="\$990.00"/>	
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)*	
	<input type="text"/>		<input type="text" value="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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td></td><td>Khai</td></tr><tr><td>Organization Name or Payee Last Name as applicable*</td><td>Payee Suffix</td></tr><tr><td>Parker</td><td></td></tr></table>	Payee Title	Payee First Name*		Khai	Organization Name or Payee Last Name as applicable*	Payee Suffix	Parker					
Payee Title	Payee First Name*												
	Khai												
Organization Name or Payee Last Name as applicable*	Payee Suffix												
Parker													
2 PAYEE ADDRESS	<table><tr><td>Payee Address / PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td>9601 Middle Fiskville Rd.</td><td colspan="2">#V8</td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78753</td></tr></table>	Payee Address / PO Box*	Payee Apartment or Suite Number		9601 Middle Fiskville Rd.	#V8		Payee City*	Payee State*	Payee Zip Code*	Austin	TX	78753
Payee Address / PO Box*	Payee Apartment or Suite Number												
9601 Middle Fiskville Rd.	#V8												
Payee City*	Payee State*	Payee Zip Code*											
Austin	TX	78753											
3 EXPENDITURE DETAILS	<table><tr><td>Category*</td><td>(\$) Expenditure Amount*</td></tr><tr><td>Salaries/Wages/Contract Labor</td><td>\$630.00</td></tr><tr><td>Description (If Category is "Other")</td><td>Expenditure Date (yyyymmdd)*</td></tr><tr><td></td><td>20160915</td></tr></table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract Labor	\$630.00	Description (If Category is "Other")	Expenditure Date (yyyymmdd)*		20160915				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract Labor	\$630.00												
Description (If Category is "Other")	Expenditure Date (yyyymmdd)*												
	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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title	Payee First Name*	
		Manuel	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*		Payee Suffix
	Munoz		
2 PAYEE ADDRESS	Payee Address / PO Box*		Payee Apartment or Suite Number
	1007 E Rundberg Ln		Apt 238
	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78753-4857
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*
	Salaries/Wages/Contract Labor		\$180.00
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)*
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Kelly Graphics, Inc.		
2 PAYEE ADDRESS	Payee Address / PO Box* 1409 Quaker Ridge Dr	Payee Apartment or Suite Number	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78746-6215
3 EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$13,426.25	
	Description (If Category is "Other")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title	Payee First Name*	
		Cruz	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*		Payee Suffix
	Ortiz		
2 PAYEE ADDRESS	Payee Address / PO Box*		Payee Apartment or Suite Number
	P.O. Box 10808		
	Payee City*	Payee State*	Payee Zip Code*
	San Antonio	TX	78210
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*
	Office Overhead/Rental Expense		\$6,000.00
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)*
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor 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		(S) Expenditure Amount* \$250.00
	Description (If Category is "Other") 		Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor 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 1007	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78702-3975
3 EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$94,141.04	
	Description (If Category is "Other")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Travis County Democratic Party		
2 PAYEE ADDRESS	Payee Address / PO Box* 1311 E 6th Street	Payee Apartment or Suite Number	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78702-3367
3 EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$2,500.00	
	Description (If Category is "Other")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor 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")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Time Warner Cable		
2 PAYEE ADDRESS	Payee Address / PO Box* 1 Time Warner Ctr	Payee Apartment or Suite Number	
	Payee City* New York	Payee State* NY	Payee Zip Code* 10019-6038
3 EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$313.45	
	Description (If Category is "Other")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title	Payee First Name*		
		Jim		
<input checked="" type="checkbox"/> Contributor is an individual	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 (yyyymmdd)*	
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* Worley Printing		
2 PAYEE ADDRESS	Payee Address / PO Box* 3217 N I-35	Payee Apartment or Suite Number	
	Payee City* Austin	Payee State* TX	Payee Zip Code* 78703
3 EXPENDITURE DETAILS	Category* Solicitation/Fundraising Expense	(\$) Expenditure Amount* \$325.83	
	Description (If Category is "Other")	Expenditure Date (yyyymmdd)* 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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title		Payee First Name*	
	<input type="text"/>		<input type="text" value="Patrick"/>	
<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable*		Payee Suffix	
	<input type="text" value="McDonald"/>		<input type="text"/>	
2 PAYEE ADDRESS	Payee Address / PO Box*		Payee Apartment or Suite Number	
	<input type="text" value="115 Coleman St"/>		<input type="text"/>	
	Payee City*	Payee State*	Payee Zip Code*	
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78704-6317"/>	
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*	
	<input type="text" value="Salaries/Wages/Contract Labor"/>		<input type="text" value="\$1,750.00"/>	
	Description (If Category is "Other")		Expenditure Date (yyyymmdd)*	
	<input type="text"/>		<input type="text" value="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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME	Payee Title	Payee First Name*		
		Christian		
<input checked="" type="checkbox"/> Contributor is an individual	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 (yyyymmdd)*	
			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 Sought (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page