



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Forward PAC (aka Move Austin Forward)</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>P.O. Box 302854</div> Apartment or Suite Number <div></div> City* <div>Austin</div> State* <div>TX</div> Zip Code* <div>78703</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Ms.</div> First Name <div>Laura</div> Middle Initial <div></div> Last Name <div>Hernandez</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>710 Colorado Street</div> Apartment or Suite Number <div>#6C</div> City <div>Austin</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20160901</div>

* Indicates a required field



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
RECEIVED

2016 OCT 3 PM 12 57

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: 10/3/16

[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

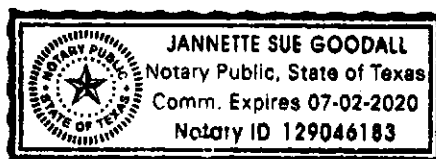
On the 3rd day of October, 2016, to certify which witness my hand and official seal.

Jannette S. Goodall

Notary Public in and for the State of Texas

Jannette S. Goodall

Typed or Printed Name of Notary





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>OfficeMax / Office Depot</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2101 South Lamar</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78704</div>
3 EXPENDITURE DETAILS	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$199.16</div> Expenditure Date* <div>20160927</div>

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

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Shell		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3906 S Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-7220
3	EXPENDITURE DETAILS	Category* Travel In District	(\$) Expenditure Amount* \$150.00	
		Description (If Category is "Other")	Expenditure Date* 20160928	

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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <div>Y Strategy</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>3110 Manor Rd., Ste H</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State * <div>TX</div> Payee Zip Code * <div>78723-5703</div>
3 EXPENDITURE DETAILS	Category * <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$2,500.00</div> Expenditure Date * <div>20160929</div>

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

[illegible]



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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 checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*	
	<input type="text"/>	<input type="text" value="Jim"/>	
	Organization Name or Payee Last Name, as applicable*		Payee Suffix
	<input type="text" value="Wick"/>		<input type="text"/>
2 PAYEE ADDRESS	Payee Address/ PO Box*		Payee Apartment or Suite Number
	<input type="text" value="10551 Billbrook Pl"/>		<input type="text"/>
	Payee City*	Payee State*	Payee Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78748-2430"/>
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*
	<input type="text" value="Salaries/Wages/Contract labor"/>		<input type="text" value="\$3,851.15"/>
	Description (If Category is "Other")		Expenditure Date*
	<input type="text"/>		<input type="text" value="20160930"/>

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

Remove this page



Revised 9/15/2016
Page 8 of 55



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 <input checked="" type="checkbox"/> Payee is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Katherine"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Wehler"/>	Payee Suffix <input type="text"/>
2	PAYEE ADDRESS	Payee Address/ PO Box* <input type="text" value="1144 Eleanor St"/>		Payee Apartment or Suite Number <input type="text"/>	
		Payee City* <input type="text" value="Austin"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78721-2116"/>
3	EXPENDITURE DETAILS	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$) Expenditure Amount* <input type="text" value="\$1,205.12"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="20160930"/>	

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.

[illegible]



Revised 9/15/2016
Page 11 of 55



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

1 <div> <div>PAYEE NAME</div> <div> <input checked="" type="checkbox"/> Payee is an individual </div> </div>	<div> <div> <div>Payee Title</div> <div></div> </div> <div> <div>Payee First Name*</div> <div>Mercedes</div> </div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Bellcase</div> </div> <div> <div>Payee Suffix</div> <div></div> </div>
2 <div> <div>PAYEE ADDRESS</div> </div>	<div> <div> <div>Payee Address/ PO Box*</div> <div>P.O. Box 1805</div> </div> <div> <div>Payee Apartment or Suite Number</div> <div></div> </div> </div> <div> <div> <div>Payee City*</div> <div>Bastrop</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>78602-8805</div> </div> </div>
3 <div> <div>EXPENDITURE DETAILS</div> </div>	<div> <div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>(\$) Expenditure Amount*</div> <div>\$360.00</div> </div> </div> <div> <div> <div>Description (If Category is "Other")</div> <div></div> </div> <div> <div>Expenditure Date*</div> <div>20160930</div> </div> </div>

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

[illegible]



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

[illegible]



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1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*	
	<input type="text"/>	Khai <input type="text"/>	
	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
	Parker <input type="text"/>	<input type="text"/>	
2 PAYEE ADDRESS	Payee Address/ PO Box*	Payee Apartment or Suite Number	
	9601 Middle Fiskville Rd <input type="text"/>	Apt V8 <input type="text"/>	
	Payee City*	Payee State*	Payee Zip Code*
	Austin <input type="text"/>	TX <input type="text"/>	78753-3862 <input type="text"/>
3 EXPENDITURE DETAILS	Category*	(\$) Expenditure Amount*	
	Salaries/Wages/Contract labor <input type="text"/>	\$630.00 <input type="text"/>	
	Description (If Category is "Other")	Expenditure Date*	
	<input type="text"/>	20160930 <input type="text"/>	

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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(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 <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Ryan Organization Name or Payee Last Name, as applicable* Rosshirt Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 2713 Windswept Cv Payee City* Austin Payee Apartment or Suite Number Apt 101 Payee State* TX Payee Zip Code* 78745-1408
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$1,125.00 Description (If Category is "Other") Expenditure Date* 20160930

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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Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Christian"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Smith"/>	Payee Suffix <input type="text"/>
2	PAYEE ADDRESS	Payee Address/ PO Box* <input type="text" value="4612 Caswell Ave"/>		Payee Apartment or Suite Number <input type="text"/>	
		Payee City* <input type="text" value="Austin"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78751-3352"/>
3	EXPENDITURE DETAILS	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$) Expenditure Amount* <input type="text" value="\$1,500.00"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="20160930"/>	

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

Remove this page



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

[illegible]



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

[illegible]



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

[illegible]



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

[illegible]



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

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	<table border="1"> <tr> <td>Payee Title</td> <td>Payee First Name*</td> </tr> <tr> <td></td> <td>Arthur</td> </tr> <tr> <td>Organization Name or Payee Last Name, as applicable*</td> <td>Payee Suffix</td> </tr> <tr> <td>Newton</td> <td></td> </tr> </table>	Payee Title	Payee First Name*		Arthur	Organization Name or Payee Last Name, as applicable*	Payee Suffix	Newton					
Payee Title	Payee First Name*												
	Arthur												
Organization Name or Payee Last Name, as applicable*	Payee Suffix												
Newton													
2 PAYEE ADDRESS	<table border="1"> <tr> <td>Payee Address/ PO Box*</td> <td colspan="2">Payee Apartment or Suite Number</td> </tr> <tr> <td>6307 N Hampton Dr</td> <td colspan="2"></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>78723</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		6307 N Hampton Dr			Payee City*	Payee State*	Payee Zip Code*	Austin	TX	78723
Payee Address/ PO Box*	Payee Apartment or Suite Number												
6307 N Hampton Dr													
Payee City*	Payee State*	Payee Zip Code*											
Austin	TX	78723											
3 EXPENDITURE DETAILS	<table border="1"> <tr> <td>Category*</td> <td>(\$) Expenditure Amount*</td> </tr> <tr> <td>Salaries/Wages/Contract labor</td> <td>\$90.00</td> </tr> <tr> <td>Description (If Category is "Other")</td> <td>Expenditure Date*</td> </tr> <tr> <td></td> <td>20160930</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$90.00	Description (If Category is "Other")	Expenditure Date*		20160930				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract labor	\$90.00												
Description (If Category is "Other")	Expenditure Date*												
	20160930												

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

[illegible]



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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Papa John's Pizza		
2	PAYEE ADDRESS	Payee Address/ PO Box* 8106 Brodie Ln	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78745
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$58.96	
		Description (If Category is "Other")	Expenditure Date* 20160929	

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

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

Add Another Expenditure Page

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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.

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Rindy Miller Media		
2	PAYEE ADDRESS	Payee Address/ PO Box * 2401 East 6th Street, Suite 1007	Payee Apartment or Suite Number 	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 7702
3	EXPENDITURE DETAILS	Category * Advertising Expense	(\$) Expenditure Amount * \$100,000.00	
		Description (If Category is "Other") 	Expenditure Date * 20161001	

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

Add Another Expenditure Page

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Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * Frost Bank		
2	PAYEE ADDRESS	Payee Address/ PO Box * 401 Congress Ave	Payee Apartment or Suite Number	
		Payee City * Austin	Payee State * TX	Payee Zip Code * 78701-4071
3	EXPENDITURE DETAILS	Category * Accounting/Banking	(\$) Expenditure Amount * \$15.00	
		Description (If Category is "Other")	Expenditure Date * 20160930	

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)

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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Tyson</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Tuttle</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Tyson	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Tuttle											
Contributor Title	Contributor First Name*																		
	Tyson																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Tuttle																			
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>608 Baylor St</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>78703-5325</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Silicon Labs</td><td colspan="2">CEO</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		608 Baylor St			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78703-5325	Contributor Employer*	Contributor Occupation*		Silicon Labs	CEO	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
608 Baylor St																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78703-5325																	
Contributor Employer*	Contributor Occupation*																		
Silicon Labs	CEO																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160927</td><td>\$10,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160927	\$10,000.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20160927	\$10,000.00																		

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	Contributor Title Contributor First Name* Scott Organization Name or Contributor Last Name, as applicable* O'Hare Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2905 Popano Cv Contributor City* Austin Contributor Employer* Retired Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78746-1974 Contributor Occupation* Retired
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160927 (\$) Contribution Amount* \$1,000.00

Add Another Contribution Page

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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>Michael</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Cook</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Michael	Organization Name or Contributor Last Name, as applicable*		Cook		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Michael																								
Organization Name or Contributor Last Name, as applicable*																									
Cook																									
Contributor Suffix																									
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">2617 Maria Anna Rd</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">78703-1655</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Cooks Brooks Johnson PLLC</td><td colspan="2">Austin</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2617 Maria Anna Rd				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703-1655		Contributor Employer*		Contributor Occupation*		Cooks Brooks Johnson PLLC		Austin	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2617 Maria Anna Rd																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703-1655																							
Contributor Employer*		Contributor Occupation*																							
Cooks Brooks Johnson PLLC		Austin																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160928</td><td>\$3,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160928	\$3,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20160928	\$3,000.00																								

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

1	CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual Organization Name or Contributor Last Name, as applicable* Armbrust & Brown, PLLC														
2	<table><tr><td>CONTRIBUTOR ADDRESS AND EMPLOYER</td><td>Contributor Address/ PO Box* 100 Congress Ave, Suite 1300</td><td>Contributor Apartment or Suite Number </td></tr><tr><td></td><td>Contributor City* Austin</td><td>Contributor State* TX</td></tr><tr><td></td><td>Contributor Zip Code* 78701-2744</td><td></td></tr><tr><td></td><td>Contributor Employer* </td><td>Contributor Occupation* </td></tr></table>			CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 100 Congress Ave, Suite 1300	Contributor Apartment or Suite Number 		Contributor City* Austin	Contributor State* TX		Contributor Zip Code* 78701-2744			Contributor Employer* 	Contributor Occupation*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 100 Congress Ave, Suite 1300	Contributor Apartment or Suite Number 													
	Contributor City* Austin	Contributor State* TX													
	Contributor Zip Code* 78701-2744														
	Contributor Employer* 	Contributor Occupation* 													
3	<table><tr><td>CONTRIBUTION DETAILS</td><td>Contribution Date (yyyymmdd)* 20160927</td><td>(\$) Contribution Amount* \$5,000.00</td></tr></table>			CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160927	(\$) Contribution Amount* \$5,000.00									
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160927	(\$) Contribution Amount* \$5,000.00													

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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 <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Raba Kistner		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 12821 West Golden Lane	Contributor Apartment or Suite Number 	Contributor City* San Antonio
	Contributor State* TX	Contributor Zip Code* 78249	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$2,500.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Alliance Transportation		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11500 Metric Blvd	Contributor Apartment or Suite Number Bldg M-1	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78758-4048
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$1,000.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Lockwood, Andrews, & Newman, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8911 N Capital of Texas Hwy	Contributor Apartment or Suite Number Bldg 2	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78759-7247
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$2,500.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* First Capitol Title Company		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress, Ste 1500	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-3797
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$5,000.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* HNTB		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 701 Brazos St	Contributor Apartment or Suite Number Ste 450	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-2687
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928		(\$) Contribution Amount* \$5,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* HALFF Associates, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1201 N Bowser Rd	Contributor Apartment or Suite Number	
	Contributor City* Richardson	Contributor State* TX	Contributor Zip Code* 75081-2220
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$5,000.00	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* CP&Y, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 200388 Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78720-0388 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) Contribution Amount* \$5,000.00	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* DPR Construction	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9606 N Mopac Expy Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 300 Contributor State* TX Contributor Zip Code* 78759-5945 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928	(\$) Contribution Amount* \$10,000.00

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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>Ryan</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Berger</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Ryan	Organization Name or Contributor Last Name, as applicable*		Berger		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Ryan																								
Organization Name or Contributor Last Name, as applicable*																									
Berger																									
Contributor Suffix																									
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">3301 Bryker Dr</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">78703</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">The Berger Company, Inc.</td><td colspan="2">Real Estate</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		3301 Bryker Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703		Contributor Employer*		Contributor Occupation*		The Berger Company, Inc.		Real Estate	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
3301 Bryker Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703																							
Contributor Employer*		Contributor Occupation*																							
The Berger Company, Inc.		Real Estate																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160929</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160929	\$1,000.00																				
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20160929	\$1,000.00																								

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Sherrard Organization Name or Contributor Last Name, as applicable* Hayes Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 212 Lavaca St, Ste 200 Contributor City* Austin Contributor Employer* Weisbart Springer Hayes LLP Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78701-3955 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) Contribution Amount* \$1,000.00

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* DEN Property Group		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 317 W 3rd St Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Contributor State* TX Contributor Occupation* 	Contributor Zip Code* 78701-3815
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929		(\$) Contribution Amount* \$500.00

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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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>Matthew</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Williamson</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Matthew	Organization Name or Contributor Last Name, as applicable*		Williamson		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Matthew																								
Organization Name or Contributor Last Name, as applicable*																									
Williamson																									
Contributor Suffix																									
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">8804 Ficke 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">78717-4844</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">The Beck Group</td><td colspan="2">Managing Director</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		8804 Ficke Cv				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78717-4844		Contributor Employer*		Contributor Occupation*		The Beck Group		Managing Director	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
8804 Ficke Cv																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78717-4844																							
Contributor Employer*		Contributor Occupation*																							
The Beck Group		Managing Director																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160929</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160929	\$5,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Spiro Organization Name or Contributor Last Name, as applicable* Dimitriou Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4709 Gallego Cir Contributor City* Austin Contributor Employer* EG USA LLC Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78738-7018 Contributor Occupation* SVP
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) Contribution Amount* \$1,000.00

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Carlotta		
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		McLean			
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 505 Walsh St		Contributor Apartment or Suite Number 	
		Contributor City* Austin		Contributor State* TX	Contributor Zip Code* 78703-5251
		Contributor Employer* Riley-McLean Land		Contributor Occupation* Broker/Founder	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929		(\$) Contribution Amount* \$500.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Tim Organization Name or Contributor Last Name, as applicable* Riley Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 505 Walsh St Contributor City* Austin Contributor Employer* Riley-McLean Land Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78703-5251 Contributor Occupation* Broker/Founder
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) Contribution Amount* \$500.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* SXSW LLC				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 E 4th St	Contributor Apartment or Suite Number 	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-3720
	Contributor Employer* 	Contributor Occupation* 			
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160930		(\$) Contribution Amount* \$5,000.00		

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Terry Organization Name or Contributor Last Name, as applicable* Mitchell Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 5654 Contributor City* Austin Contributor Employer* Momark Development Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78763 Contributor Occupation* President
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) Contribution Amount* \$2,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Daniel Organization Name or Contributor Last Name, as applicable* Byrne Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 804 Edgecliff Terrace Contributor City* Austin Contributor Employer* Fritz, Byrne, Head & Gilstrap PLLC Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78746 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) 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* Womack McClish Wall Foster Brooks, PC												
2	<table><tr><td>CONTRIBUTOR ADDRESS AND EMPLOYER</td><td>Contributor Address/ PO Box* 1801 Lavaca St</td><td>Contributor Apartment or Suite Number Ste 120</td></tr><tr><td></td><td>Contributor City* Austin</td><td>Contributor State* TX</td></tr><tr><td></td><td>Contributor Zip Code* 78701</td><td></td></tr><tr><td></td><td>Contributor Employer* </td><td>Contributor Occupation* </td></tr></table>	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1801 Lavaca St	Contributor Apartment or Suite Number Ste 120		Contributor City* Austin	Contributor State* TX		Contributor Zip Code* 78701			Contributor Employer* 	Contributor Occupation*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1801 Lavaca St	Contributor Apartment or Suite Number Ste 120											
	Contributor City* Austin	Contributor State* TX											
	Contributor Zip Code* 78701												
	Contributor Employer* 	Contributor Occupation* 											
3	<table><tr><td>CONTRIBUTION DETAILS</td><td>Contribution Date (yyyymmdd)* 20160929</td><td>(\$) Contribution Amount* \$2,000.00</td></tr></table>	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929	(\$) Contribution Amount* \$2,000.00									
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929	(\$) Contribution Amount* \$2,000.00											

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* John Organization Name or Contributor Last Name, as applicable* Elliott Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1036 Liberty Park Dr Contributor City* Austin Contributor Employer* Smith, Robertson, Elliott & Douglas, LLP Contributor Apartment or Suite Number Apt 35 Contributor State* TX Contributor Zip Code* 78746-7027 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929 (\$) Contribution Amount* \$1,500.00

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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	Contributor Title. Contributor First Name* <div><div></div><div>Rex</div></div> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <div><div>Gore</div><div></div></div>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <div><div>1304 W Oltorf St</div><div></div></div> Contributor City* Contributor State* Contributor Zip Code* <div><div>Austin</div><div>TX</div><div>78704-5333</div></div> Contributor Employer* Contributor Occupation* <div><div>Professional Janitorial Company</div><div>President</div></div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <div><div>20160930</div><div>\$5,000.00</div></div>

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Contribution

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

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>Russell</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Douglass</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Russell	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Douglass											
Contributor Title	Contributor First Name*																		
	Russell																		
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
Douglass																			
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>207 San Jacinto Boulevard</td><td colspan="2">Suite 300</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>78701</td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td>Raptor Resources Inc.</td><td colspan="2">Owner</td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		207 San Jacinto Boulevard	Suite 300		Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78701	Contributor Employer*	Contributor Occupation*		Raptor Resources Inc.	Owner	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
207 San Jacinto Boulevard	Suite 300																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78701																	
Contributor Employer*	Contributor Occupation*																		
Raptor Resources Inc.	Owner																		
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160929</td><td>\$2,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160929	\$2,500.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20160929	\$2,500.00																		

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Contribution

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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	Contributor Title 			Contributor First Name* Perry		
	Organization Name or Contributor Last Name, as applicable* Lorenz			Contributor Suffix 		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1311-A East 6th Street			Contributor Apartment or Suite Number 		
	Contributor City* Austin			Contributor State* TX		Contributor Zip Code* 78702
	Contributor Employer* Self			Contributor Occupation* Real Estate		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928			(\$) Contribution Amount* \$3,500.00		

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* HDR, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8404 Indian Hills Drive	Contributor Apartment or Suite Number 	
	Contributor City* Omaha	Contributor State* NE	Contributor Zip Code* 68114
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929		(%) Contribution Amount* \$10,000.00

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