



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Texas Vote Environment</div>																
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2"><div>600 W/ 28th Street</div></td><td colspan="2"><div>Suite 202</div></td></tr><tr><td>City*</td><td>State*</td><td colspan="2">Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td colspan="2"><div>78705</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number		<div>600 W/ 28th Street</div>		<div>Suite 202</div>		City*	State*	Zip Code*		<div>Austin</div>	<div>TX</div>	<div>78705</div>	
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3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div>Mr</div></td><td><div>David</div></td><td><div></div></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Foster</div></td><td><div></div></td></tr></table>	Title	First Name	Middle Initial	<div>Mr</div>	<div>David</div>	<div></div>	Last Name		Suffix	<div>Foster</div>		<div></div>				
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5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161004</div>																

* 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: 10-4-16

David Foster

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

DAVID FOSTER

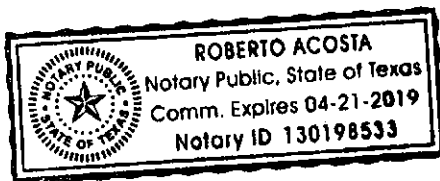
On the 4TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Austin Forward PAC</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>2408 Manor Road # 108</div>	Contributor Apartment or Suite Number <div></div>	Contributor City* <div>Austin</div>
	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78722</div>	Contributor Employer* <div>NA</div>
	Contributor Occupation* <div>NA</div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161003</div>	(\$) Contribution Amount* <div>\$5,100.00</div>	

[Add Another Contribution Page](#)