



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>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>20161005</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

[Signature]

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

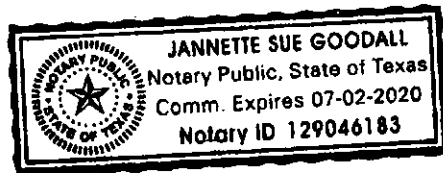
This instrument was acknowledged, sworn to and subscribed before me by

Laura Hernandez

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

Jannette Sue Goodall
Notary Public in and for the State of Texas

Jannette Sue 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.

[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 type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* FedEx Office		
2	PAYEE ADDRESS	Payee Address/ PO Box* 327 Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-4058
3	EXPENDITURE DETAILS	Category* Event Expense	(\$) Expenditure Amount* \$1.58	
		Description (If Category is "Other")	Expenditure Date* 20161003	

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.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>FedEx Office</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>327 Congress Ave</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78701-4058</div>
3 EXPENDITURE DETAILS	Category* <div>Event Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$10.55</div> Expenditure Date* <div>20161003</div>

[illegible]



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* FedEx Office		
2	PAYEE ADDRESS	Payee Address/ PO Box* 327 Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-4058
3	EXPENDITURE DETAILS	Category* Event Expense	(\$) Expenditure Amount* \$158.26	
		Description (If Category is "Other")	Expenditure Date* 20161003	

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

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* <div>Starbucks Coffee</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>301 W 3rd St</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78701-3815</div>
3 EXPENDITURE DETAILS	Category* <div>Event Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$17.27</div> Expenditure Date* <div>20161003</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.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Travis County Democratic Party</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1311 E 6th St</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78702-3367</div>
3 EXPENDITURE DETAILS	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$5,000.00</div> Expenditure Date* <div>20161004</div>

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

[illegible]

Add Another Expenditure Page

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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* <div>Sage Payment Solutions</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>12120 Sunset Hills Rd</div> Payee City* <div>Reston</div>	Payee Apartment or Suite Number <div>Ste 500</div> Payee State* <div>VA</div> Payee Zip Code* <div>20190-5858</div>
3 EXPENDITURE DETAILS	Category* <div>Accounting/Banking</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$3,840.88</div> Expenditure Date* <div>20161003</div>

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

[illegible]

Add Another Expenditure Page

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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* RedLeaf Properties LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4015 Guadalupe St	Contributor Apartment or Suite Number 	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78751-4523
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161003		(\$) Contribution Amount* \$5,000.00

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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* <div>American Council of Engineering Companies</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>1001 Congress Ave</div>	Contributor Apartment or Suite Number <div>Ste 200</div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701-5001</div>
	Contributor Employer* <div></div>	Contributor Occupation* <div></div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161003</div>		(\$) Contribution Amount* <div>\$2,477.84</div>

Add Another Contribution Page

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