



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Forward PAC (aka Move Austin Forward)</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>P.O. Box 302854</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78703</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div>Ms.</div> First Name <div>Laura</div> Middle Initial <div></div> Last Name <div>Hernandez</div> Suffix <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div>710 Colorado Street</div> City <div>Austin</div> Apartment or Suite Number <div>#6C</div> State <div>TX</div> Zip Code <div>78701</div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20161007</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: 10/17/16  
[Signature]  
AFFIANT'S SIGNATURE

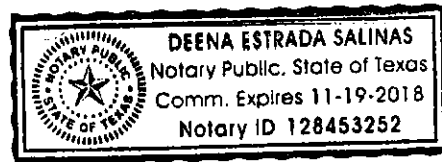
Laura Hernandez  
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Laura Hernandez



On the 7th day of October, 2016, to certify which witness my hand and official seal.

[Signature]  
Notary Public in and for the State of Texas

Deena Estrada-Salinas  
Typed or Printed Name of Notary

**Itemize each direct campaign expenditure in Sections 1-4.**

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

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Travis County Democratic Party</div>	
<b>2</b>  <b>PAYEE ADDRESS</b>	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>
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>	(\$ ) Expenditure Amount* <div>\$5,000.00</div> Expenditure Date* <div>20161005</div>

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

[illegible]

Add Another Expenditure Page

Remove this page

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Page 3 of 18



# Report Of Direct Campaign Expenditures: Schedule ATX.1

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## Expenditure

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

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Rindy Miller Media		
<b>2</b>	<b>PAYEE ADDRESS</b>	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
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Advertising Expense	(\$) Expenditure Amount* \$28,000.00	
		Description (If Category is "Other")	Expenditure Date* 20161005	

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

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## Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

<b>1</b>	<b>PAYEE NAME</b>  <input checked="" type="checkbox"/> Payee is an individual	Payee Title  Payee First Name* Arthur  Organization Name or Payee Last Name, as applicable* Newton  Payee Suffix 
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 6307 N Hampton Dr  Payee City* Austin  Payee Apartment or Suite Number  Payee State* TX  Payee Zip Code* 78723-2041
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Salaries/Wages/Contract labor  (\$) Expenditure Amount* \$1,125.00  Description (If Category is "Other")  Expenditure Date* 20161005

### 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.**

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

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Texas Made Productions</div>		
<b>2</b>  <b>PAYEE ADDRESS</b>	Payee Address/ PO Box* <div>919 Congress Ave</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78701-2102</div>
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$ ) Expenditure Amount* <div>\$2,000.00</div> Expenditure Date* <div>20161005</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.  
For additional expenditures, click "Add Another Expenditure Page" below.

<b>1</b>	<b>PAYEE NAME</b> <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Mi Madres		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* 2201 Manor Rd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722-2133
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* Event Expense	(\$ Expenditure Amount* \$94.33	
		Description (If Category is "Other")	Expenditure Date* 20161006	

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.

<b>1</b>  <b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>FedEx Office</div>		
<b>2</b>  <b>PAYEE ADDRESS</b>	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</div>
<b>3</b>  <b>EXPENDITURE DETAILS</b>	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$189.64</div> Expenditure Date* <div>20161005</div>

[illegible]



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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Davis  Organization Name or Contributor Last Name, as applicable* Griffin Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2604 Stratford Dr Contributor City* Austin Contributor State* TX Contributor Zip Code* 78746-4623 Contributor Apartment or Suite Number Ste 100 Contributor Employer* Word Matters Contributor Occupation* Marketing - Public Relations
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161005 (\$ Contribution Amount* \$1,000.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Locke Lord LLP		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 2200 Ross Ave	Contributor Apartment or Suite Number Ste 2200	
	Contributor City* Dallas	Contributor State* TX	Contributor Zip Code* 75201-2748
	Contributor Employer* 	Contributor Occupation* 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161005	(\$) Contribution Amount* \$5,000.00	

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* J. E. Dunn Construction Company		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1001 Locust St	Contributor Apartment or Suite Number 	
	Contributor City* Kansas City	Contributor State* MO	Contributor Zip Code* 64106-1904
	Contributor Employer* 	Contributor Occupation* 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161005	(\$ ) Contribution Amount* \$2,500.00	

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Avison Young</div>			
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>515 Congress</div>	Contributor Apartment or Suite Number <div>Ste 1500</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78701-3515</div>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contributor City* <div>Austin</div>	Contributor Employer* <div></div>	Contributor Occupation* <div></div>	Contribution Date (yyyymmdd)* <div>20161005</div>
				(\$ Contribution Amount* <div>\$750.00</div>

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Jennifer  Organization Name or Contributor Last Name, as applicable* Fontana  Contributor Suffix 
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4103 84th St  Contributor City* Lubbock  Contributor State* TX  Contributor Zip Code* 79423-1935  Contributor Employer* American Society of Landscape Architects - Central Tx Section  Contributor Occupation* Landscape Architecture Association
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161006  (\$) Contribution Amount* \$500.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Rose Fulbright</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td>Norton</td><td>Contributor Suffix</td></tr></table>	Contributor Title	Contributor First Name*		Rose Fulbright	Organization Name or Contributor Last Name, as applicable*		Norton	Contributor Suffix																
Contributor Title	Contributor First Name*																								
	Rose Fulbright																								
Organization Name or Contributor Last Name, as applicable*																									
Norton	Contributor Suffix																								
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1301 McKinney St</td><td colspan="2">Ste 1500</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Houston</td><td>TX</td><td>77010-3095</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Law Firm</td><td colspan="2">Lawyer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1301 McKinney St		Ste 1500		Contributor City*		Contributor State*	Contributor Zip Code*	Houston		TX	77010-3095	Contributor Employer*		Contributor Occupation*		Law Firm		Lawyer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1301 McKinney St		Ste 1500																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Houston		TX	77010-3095																						
Contributor Employer*		Contributor Occupation*																							
Law Firm		Lawyer																							
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161006</td><td>\$1,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161006	\$1,500.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161006	\$1,500.00																								

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

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Scott Douglass & McConnico LLP		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 303 Colorado St	Contributor Apartment or Suite Number Ste 2400	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-4654
	Contributor Employer* 	Contributor Occupation* 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161006	(\$) Contribution Amount* \$2,500.00	

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

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* AECOM		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 9400 Amberglen Blvd	Contributor Apartment or Suite Number 	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78729-1100
	Contributor Employer* 	Contributor Occupation* 	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161006	(\$) Contribution Amount* \$2,500.00	

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Dunnenbaum Engineering Corporation</div>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <div>P.O. Box 2292</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Houston</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>7727-2292</div>
	Contributor Employer* <div></div>	Contributor Occupation* <div></div>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <div>20161006</div>		(\$) Contribution Amount* <div>\$3,000.00</div>

Add Another Contribution Page

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