



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

AUSTIN CITY CLERK  
RECEIVED

2016 OCT 11 PM 3 54

|   |  |                            |   |
|---|--|----------------------------|---|
| <b>1</b><br><br><b>INDIVIDUAL<br/>OR<br/>ORGANIZATION<br/>NAME</b><br><br><input type="checkbox"/> Filer is an individual | <b>Committee or Organization Name*</b><br>Austin Forward PAC (aka Move Austin Forward) |                            |   |
| <b>2</b><br><br><b>INDIVIDUAL OR<br/>ORGANIZATION<br/>ADDRESS</b>   | <b>Address/ PO Box*</b><br>P.O. Box 302854   |                            | <b>Apartment or Suite Number</b><br>    |
|   | <b>City*</b><br>Austin   | <b>State*</b><br>TX        | <b>Zip Code*</b><br>78703               |
| <b>3</b><br><br><b>COMMITTEE TREASURER<br/>NAME<br/>(if applicable)</b>   | <b>Title</b><br>Ms.  | <b>First Name</b><br>Laura | <b>Middle Initial</b><br>               |
|   | <b>Last Name</b><br>Hernandez  | <b>Suffix</b><br>          |   |
| <b>4</b><br><br><b>COMMITTEE TREASURER<br/>ADDRESS<br/>(if applicable)</b>  | <b>Address/ PO Box*</b><br>710 Colorado Street   |                            | <b>Apartment or Suite Number</b><br>#6C |
|   | <b>City</b><br>Austin  | <b>State</b><br>TX         | <b>Zip Code</b><br>78701                |
| <b>5</b><br><br><b>REPORT DATE</b>  | <b>Date Filed (yyyymmdd)*</b><br>20161011  |                            |   |

\* Indicates a required field



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

## 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: 10/11/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

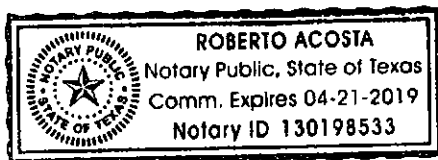
LAURA HERNANDEZ

On the 11TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

ROBERTO ACOSTA

Notary Public in and for the State of Texas

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]



Revised 9/15/2016  
Page 4 of 23



Revised 9/15/2016  
Page 5 of 23



Revised 9/15/2016  
Page 6 of 23



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

|  |   |  |  |
|--|---|--|--|
| <b>1</b><br><br><b>PAYEE<br/>NAME</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable *<br><div>HEB</div>                               |  |  |
| <b>2</b><br><br><b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box *<br><div>2508 E Riverside Dr</div><br>Payee City *<br><div>Austin</div>        |  | Payee Apartment or Suite Number<br><div></div><br>Payee State *<br><div>TX</div> Payee Zip Code *<br><div>78741-3037</div> |
| <b>3</b><br><br><b>EXPENDITURE<br/>DETAILS</b>   | Category *<br><div>Food/Beverage Expense</div><br>Description (If Category is "Other")<br><div></div> |  | (\$) Expenditure Amount *<br><div>\$65.99</div><br>Expenditure Date *<br><div>20161009</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]



# 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.

|          |  |  |   |                               |
|----------|--|--|---|-------------------------------|
| <b>1</b> | <b>PAYEE<br/>NAME</b><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br>Rindy Miller Media |   |                               |
| <b>2</b> | <b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br>2401 E 6th St                                    | Payee Apartment or Suite Number<br>Apt 1007 |                               |
|          |  | Payee City*<br>Austin  | Payee State*<br>TX                          | Payee Zip Code*<br>78702-3975 |
| <b>3</b> | <b>EXPENDITURE<br/>DETAILS</b>   | Category*<br>Advertising Expense   | (\$) Expenditure Amount*<br>\$14,500.00     |                               |
|          |  | Description (If Category is "Other")                                       | Expenditure Date*<br>20161008               |                               |

| 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.

|  |   |  |   |
|--|---|--|---|
| <b>1</b><br><br><b>PAYEE<br/>NAME</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable *<br><div>La Prensa Newspaper</div>             |  |   |
| <b>2</b><br><br><b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box *<br><div>1704 E 5th St</div><br>Payee City *<br><div>Austin</div>            |  | Payee Apartment or Suite Number<br><div>Ste 103</div><br>Payee State *<br><div>TX</div> Payee Zip Code *<br><div>78702-4482</div> |
| <b>3</b><br><br><b>EXPENDITURE<br/>DETAILS</b>   | Category *<br><div>Advertising Expense</div><br>Description (If Category is "Other")<br><div></div> |  | (\$) Expenditure Amount *<br><div>\$800.00</div><br>Expenditure Date *<br><div>20161009</div>                                     |

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

[illegible]



Revised 9/15/2016  
Page 12 of 23



# 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.

|   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
|---|--|---------------------------------------|---------------------------|---------------------------------------|------------|--|--|---------|--|--------------------|--------------------|-----------------------|--|--------|----|------------|--|-----------------------|--|-------------------------|--|-----------------------|--|-----------|--|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><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 colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Linehan</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>   | Contributor Title                     | Contributor First Name*   |                                       | Paul       | Organization Name or Contributor Last Name, as applicable* |  | Linehan |  | Contributor Suffix |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Contributor Title   | Contributor First Name*  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
|   | Paul   |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Organization Name or Contributor Last Name, as applicable*  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Linehan   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Contributor Suffix  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
|   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>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">3502 Lost Creek Blvd</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">78735-1506</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Land Strategies, Inc.</td><td colspan="2">President</td></tr></table> | Contributor Address/ PO Box*          |                           | Contributor Apartment or Suite Number |            | 3502 Lost Creek Blvd                                       |  |         |  | Contributor City*  | Contributor State* | Contributor Zip Code* |  | Austin | TX | 78735-1506 |  | Contributor Employer* |  | Contributor Occupation* |  | Land Strategies, Inc. |  | President |  |
| Contributor Address/ PO Box*  |  | Contributor Apartment or Suite Number |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| 3502 Lost Creek Blvd  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Contributor City*   | Contributor State*   | Contributor Zip Code*                 |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Austin  | TX   | 78735-1506                            |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Contributor Employer*   |  | Contributor Occupation*               |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Land Strategies, Inc.   |  | President                             |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>   | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161007</td><td>\$2,500.00</td></tr></table>  | Contribution Date (yyyymmdd)*         | (\$) Contribution Amount* | 20161007                              | \$2,500.00 |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| Contribution Date (yyyymmdd)*   | (\$) Contribution Amount*  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |
| 20161007  | \$2,500.00   |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                       |  |           |  |

Add Another Contribution Page

Remove this page



# 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.

|   |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
|---|--|---------------------------------------|---------------------------|---------------------------------------|------------|--|--|-------------|--|--------------------|--------------------|-----------------------|--|--------|----|------------|--|-----------------------|--|-------------------------|--|----------------------|--|----------|--|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>John</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">McKinnerney</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>   | Contributor Title                     | Contributor First Name*   |                                       | John       | Organization Name or Contributor Last Name, as applicable* |  | McKinnerney |  | Contributor Suffix |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Contributor Title   | Contributor First Name*  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
|   | John   |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Organization Name or Contributor Last Name, as applicable*  |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| McKinnerney   |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Contributor Suffix  |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
|   |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>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">1111 W 11th St</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">78703-4915</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Castle Hill Partners</td><td colspan="2">Investor</td></tr></table> | Contributor Address/ PO Box*          |                           | Contributor Apartment or Suite Number |            | 1111 W 11th St   |  |             |  | Contributor City*  | Contributor State* | Contributor Zip Code* |  | Austin | TX | 78703-4915 |  | Contributor Employer* |  | Contributor Occupation* |  | Castle Hill Partners |  | Investor |  |
| Contributor Address/ PO Box*  |  | Contributor Apartment or Suite Number |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| 1111 W 11th St  |  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Contributor City*   | Contributor State*   | Contributor Zip Code*                 |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Austin  | TX   | 78703-4915                            |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Contributor Employer*   |  | Contributor Occupation*               |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Castle Hill Partners  |  | Investor                              |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>   | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161009</td><td>\$2,500.00</td></tr></table>  | Contribution Date (yyyymmdd)*         | (\$) Contribution Amount* | 20161009                              | \$2,500.00 |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| Contribution Date (yyyymmdd)*   | (\$) Contribution Amount*  |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |
| 20161009  | \$2,500.00   |                                       |                           |                                       |            |  |  |             |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                      |  |          |  |

Add Another Contribution Page

Remove this page



# 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.

|  |  |   |
|--|--|---|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>A+ Federal Credit Union                              |   |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>P.O. Box 14867<br><br>Contributor City*<br>Austin<br><br>Contributor Employer*<br> | Contributor Apartment or Suite Number<br><br>Contributor State*<br>TX<br><br>Contributor Zip Code*<br>78703-4915<br><br>Contributor Occupation*<br> |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  | (\$) Contribution Amount*<br>\$1,000.00   |

Add Another Contribution Page

Remove this page



# 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.

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Heldenfels Enterprises, Inc. |   |                                     |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>5700 S Interstate 35                                       | Contributor Apartment or Suite Number   |                                     |
|  | Contributor City*<br>San Marcos  | Contributor State*<br>TX                | Contributor Zip Code*<br>78666-9505 |
|  | Contributor Employer*<br>  | Contributor Occupation*<br>             |                                     |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  | (\$) Contribution Amount*<br>\$2,500.00 |                                     |

Add Another Contribution Page

Remove this page





# 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.

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Lamar Central, LLC |   |                                     |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>1001 Fannin St                                   | Contributor Apartment or Suite Number<br>Ste 4700 |                                     |
|  | Contributor City*<br>Houston   | Contributor State*<br>TX                          | Contributor Zip Code*<br>77002-6798 |
|  | Contributor Employer*<br>  | Contributor Occupation*<br>                       |                                     |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  | (\$) Contribution Amount*<br>\$2,500.00           |                                     |

Add Another Contribution Page

Remove this page



# 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.

|  |  |   |   |
|--|--|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Highland RI 211, LLC |   |   |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>1001 Fannin St                                     | Contributor Apartment or Suite Number<br>Ste 4700 |   |
|  | Contributor City*<br>Houston   | Contributor State*<br>TX                          | Contributor Zip Code*<br>77002-6798     |
|  | Contributor Employer*<br>  | Contributor Occupation*<br>                       |   |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  |   | (\$) Contribution Amount*<br>\$2,500.00 |

Add Another Contribution Page

Remove this page



# 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.

|  |  |   |
|--|--|---|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Jones & Carter, Inc.                                     |   |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>6330 West Loop S<br><br>Contributor City*<br>Bellaire<br><br>Contributor Employer*<br> | Contributor Apartment or Suite Number<br>Ste 1500<br><br>Contributor State*<br>TX<br><br>Contributor Zip Code*<br>77401-2928<br><br>Contributor Occupation*<br> |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  | (\$) Contribution Amount*<br>\$5,000.00   |

Add Another Contribution Page

Remove this page



# 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.

|   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
|---|--|---------------------------------------|---------------------------|---------------------------------------|------------|--|--|---------|--|--------------------|--------------------|-----------------------|--|--------|----|------------|--|-----------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>William</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Harriss</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>  | Contributor Title                     | Contributor First Name*   |                                       | William    | Organization Name or Contributor Last Name, as applicable* |  | Harriss |  | Contributor Suffix |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Contributor Title   | Contributor First Name*  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
|   | William  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Organization Name or Contributor Last Name, as applicable*  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Harriss   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Contributor Suffix  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
|   |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>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">5333 Tortuga Trl</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">78731-4545</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Butler Family Interests</td><td colspan="2">Chief Financial Officer</td></tr></table> | Contributor Address/ PO Box*          |                           | Contributor Apartment or Suite Number |            | 5333 Tortuga Trl   |  |         |  | Contributor City*  | Contributor State* | Contributor Zip Code* |  | Austin | TX | 78731-4545 |  | Contributor Employer* |  | Contributor Occupation* |  | Butler Family Interests |  | Chief Financial Officer |  |
| Contributor Address/ PO Box*  |  | Contributor Apartment or Suite Number |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| 5333 Tortuga Trl  |  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Contributor City*   | Contributor State*   | Contributor Zip Code*                 |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Austin  | TX   | 78731-4545                            |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Contributor Employer*   |  | Contributor Occupation*               |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Butler Family Interests   |  | Chief Financial Officer               |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>   | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161010</td><td>\$1,000.00</td></tr></table>  | Contribution Date (yyyymmdd)*         | (\$) Contribution Amount* | 20161010                              | \$1,000.00 |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| Contribution Date (yyyymmdd)*   | (\$) Contribution Amount*  |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |
| 20161010  | \$1,000.00   |                                       |                           |                                       |            |  |  |         |  |                    |                    |                       |  |        |    |            |  |                       |  |                         |  |                         |  |                         |  |

Add Another Contribution Page

Remove this page



# 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.

|   |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
|---|--|---------------------------------------|---------------------------|---------------------------------------|------------|--|--|-------|--|--------------------|--------------------|-----------------------|--|-----------|----|------------|--|-----------------------|--|-------------------------|--|-----------|--|----------|--|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | <table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Rudy</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Garza</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>   | Contributor Title                     | Contributor First Name*   |                                       | Rudy       | Organization Name or Contributor Last Name, as applicable* |  | Garza |  | Contributor Suffix |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Contributor Title   | Contributor First Name*  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
|   | Rudy   |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Organization Name or Contributor Last Name, as applicable*  |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Garza   |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Contributor Suffix  |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
|   |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>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">22516 Crazy 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>Spicewood</td><td>TX</td><td colspan="2">78669-3317</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Garza EMC</td><td colspan="2">Engineer</td></tr></table> | Contributor Address/ PO Box*          |                           | Contributor Apartment or Suite Number |            | 22516 Crazy Cv   |  |       |  | Contributor City*  | Contributor State* | Contributor Zip Code* |  | Spicewood | TX | 78669-3317 |  | Contributor Employer* |  | Contributor Occupation* |  | Garza EMC |  | Engineer |  |
| Contributor Address/ PO Box*  |  | Contributor Apartment or Suite Number |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| 22516 Crazy Cv  |  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Contributor City*   | Contributor State*   | Contributor Zip Code*                 |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Spicewood   | TX   | 78669-3317                            |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Contributor Employer*   |  | Contributor Occupation*               |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Garza EMC   |  | Engineer                              |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>   | <table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161010</td><td>\$1,500.00</td></tr></table>  | Contribution Date (yyyymmdd)*         | (\$) Contribution Amount* | 20161010                              | \$1,500.00 |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| Contribution Date (yyyymmdd)*   | (\$) Contribution Amount*  |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |
| 20161010  | \$1,500.00   |                                       |                           |                                       |            |  |  |       |  |                    |                    |                       |  |           |    |            |  |                       |  |                         |  |           |  |          |  |

Add Another Contribution Page

Remove this page



# 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.

|          |   |   |                                   |   |                                      |
|----------|---|---|-----------------------------------|---|--------------------------------------|
| <b>1</b> | <b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title<br><br>   | Contributor First Name *<br>James |   |                                      |
|          |   | Organization Name or Contributor Last Name, as applicable*<br>Eherton |                                   | Contributor Suffix<br><br>                    |                                      |
| <b>2</b> | <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box *<br>1206 Tremont Dr                      |                                   | Contributor Apartment or Suite Number<br><br> |                                      |
|          |   | Contributor City *<br>Cedar Park                                      |                                   | Contributor State *<br>TX                     | Contributor Zip Code *<br>78613-6708 |
|          |   | Contributor Employer *<br>AECOM                                       |                                   | Contributor Occupation *<br>Engineer          |                                      |
| <b>3</b> | <b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd) *<br>20161010                            |                                   | (\$) Contribution Amount *<br>\$500.00        |                                      |

Add Another Contribution Page

Remove this page



# 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.

|  |  |  |   |
|--|--|--|---|
| <b>1</b><br><br><b>CONTRIBUTOR<br/>NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Southwest Strategies Group, Inc. |  |   |
| <b>2</b><br><br><b>CONTRIBUTOR<br/>ADDRESS<br/>AND<br/>EMPLOYER</b>                                      | Contributor Address/ PO Box*<br>222 West Ave   | Contributor Apartment or Suite Number<br>Ste 200 |   |
|  | Contributor City*<br>Austin  | Contributor State*<br>TX                         | Contributor Zip Code*<br>78701-4659     |
|  | Contributor Employer*<br>  | Contributor Occupation*<br>                      |   |
| <b>3</b><br><br><b>CONTRIBUTION<br/>DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161010  |  | (\$) Contribution Amount*<br>\$5,000.00 |

Add Another Contribution Page

Remove this page