



**Report Of Direct Campaign
Expenditures: Schedule ATX.1**
(Previously Independent Expenditures not by a Candidate)

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2016 OCT 14 PM 2 52

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> City* <div>Austin</div> Apartment or Suite Number <div></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> City <div>Austin</div> Apartment or Suite Number <div>#6C</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161014</div>

* 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: 10/14/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

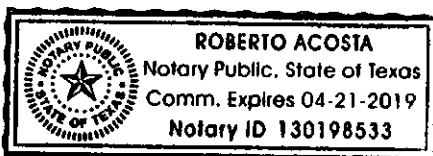
LAURA HERNANDEZ

On the 14TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





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Page 3 of 26

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* <div>Y Strategy</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>3110 Manor Rd</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div>Ste H</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>\$12,826.53</div> Expenditure Date* <div>20161012</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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Expenditure

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>U.S. Postal Service</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>3903 S Congress Ave</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78704-9998</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$6,262.71</div> Expenditure Date* <div>20161012</div>

[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* Turnkey Direct		
2	PAYEE ADDRESS	Payee Address/ PO Box* 795 St. Mortiz St	Payee Apartment or Suite Number	
		Payee City* Victoria	Payee State* MN	Payee Zip Code* 55386
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$211.09	
		Description (If Category is "Other")	Expenditure Date* 20161012	

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>Littlefield Consulting</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>PO Box 90591</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78709-0591</div>
3 EXPENDITURE DETAILS	Category* <div>Polling Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$2,800.00</div> Expenditure Date* <div>20161013</div>

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

[illegible]



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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* VoterTrove Inc.		
2	PAYEE ADDRESS	Payee Address/ PO Box* 921 Cavalry Ride Trl	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78732-2370
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$20,000.00	
		Description (If Category is "Other")	Expenditure Date* 20161013	

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.
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>Harland Clarke</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>15955 La Cantera Pkwy</div> Payee City* <div>San Antonio</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78256-2589</div>
3 EXPENDITURE DETAILS	Category* <div>Accounting/Banking</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$73.56</div> Expenditure Date* <div>20161012</div>

[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 type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Intuit</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2632 Marine Way</div> Payee City* <div>Mountain View</div>		Payee Apartment or Suite Number <div>Ms 2675</div> Payee State* <div>CA</div> Payee Zip Code* <div>94043-1126</div>
3 EXPENDITURE DETAILS	Category* <div>Accounting/Banking</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$29.32</div> Expenditure Date* <div>20161013</div>

[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 type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Black Sheep Lodge</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2108 S Lamar Blvd</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78704-4993</div>
3 EXPENDITURE DETAILS	Category* <div>Food/Beverage Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$56.62</div> Expenditure Date* <div>20161013</div>

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

[illegible]

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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* Community Impact Newspaper		
2	PAYEE ADDRESS	Payee Address/ PO Box* 16225 Impact Way	Payee Apartment or Suite Number Unit 1	
		Payee City* Pflugerville	Payee State* TX	Payee Zip Code* 78660-4404
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$7,010.00	
		Description (If Category is "Other")	Expenditure Date* 20161013	

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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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	Contributor Title Contributor First Name* Keith Organization Name or Contributor Last Name, as applicable* Crawford Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3200 Steck Ave Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Ste 220 Contributor State* TX Contributor Zip Code* 78757-8032 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161011 (\$) 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* Texas Disposal Systems, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 12200 Carl Road	Contributor Apartment or Suite Number 	
	Contributor City* Creedmoor	Contributor State* TX	Contributor Zip Code* 78610
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161011		(\$) Contribution Amount* \$15,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Riverside Resources Property Management Ltd.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 100 Congress Ave	Contributor Apartment or Suite Number Ste 1450
	Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78701-4072
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161012	(\$ Contribution Amount* \$10,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Brian Organization Name or Contributor Last Name, as applicable* McCall Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2400 Harris Blvd Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-2406 Contributor Employer* Texas State University System Contributor Occupation* Chancellor
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161012 (\$) 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* Journeyman Construction		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 7701 N Lamar Blvd	Contributor Apartment or Suite Number Ste 100	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78752-1012
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161012		(\$) Contribution Amount* \$10,000.00

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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)* 20161011	(\$) 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* Bank of America		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 515 Congress Ave	Contributor Apartment or Suite Number 	Contributor City* Austin
	Contributor State* TX	Contributor Zip Code* 78701	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161011	(\$) 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* <input type="text" value="Balcones Resources"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="9301 Johnny Morris Rd"/>	Contributor Apartment or Suite Number <input type="text"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78724"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161013"/>		(\$) Contribution Amount* <input type="text" value="\$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* Frost	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress Ave	Contributor Apartment or Suite Number
	Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78701-3793
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20171013	(\$) 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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* IBC Bank	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 W 5th St	Contributor Apartment or Suite Number Ste 100
	Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78701-3835
	Contributor Employer* 	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161013	(\$ 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* 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)* 20161013	(\$) 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Ted Organization Name or Contributor Last Name, as applicable* Siff Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 504 West 11th Street Contributor City* Austin Contributor State* TX Contributor Zip Code* 78701 Contributor Apartment or Suite Number Contributor Employer* Self Employed Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161013 (\$) Contribution Amount* \$500.00

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