



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 18 PM 3 18

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Austin Forward PAC (aka Move Austin Forward)		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* P.O. Box 302854		Apartment or Suite Number
	City* Austin	State* TX	Zip Code* 78703
3 COMMITTEE TREASURER NAME (if applicable)	Title Ms. First Name Laura Middle Initial Last Name Hernandez Suffix		
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 710 Colorado Street		Apartment or Suite Number #6C
	City Austin	State TX	Zip Code 78701
5 REPORT DATE	Date Filed (yyyymmdd)* 20161018		

* Indicates a required field



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(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: 10/18/16

[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

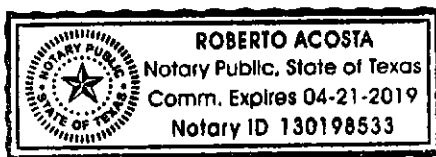
On the 18TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

[Signature]

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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(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.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Shell		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3906 S Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-7220
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$50.00	
		Description (If Category is "Other")	Expenditure Date* 20161015	

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



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Jim Organization Name or Payee Last Name, as applicable* Wick Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 10551 Billbrook Pl Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78748-2430
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$3,851.15 Description (If Category is "Other") Expenditure Date* 20161015

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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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* David Organization Name or Payee Last Name, as applicable* Chincanchan Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 4908 Parell Path Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78744-3808
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$1,757.19 Description (If Category is "Other") Expenditure Date* 20161015

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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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Katherine Organization Name or Payee Last Name, as applicable* Wehler Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 1144 Eleanor St Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78721-2116
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$1,076.19 Description (If Category is "Other") Expenditure Date* 20161015

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 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> Payee Title <input type="text"/> </div> <div> Payee First Name* <input type="text" value="Alexander"/> </div> <div> Organization Name or Payee Last Name, as applicable* <input type="text" value="Anstead"/> </div>	<div> Payee Suffix <input type="text"/> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> Payee Address/ PO Box* <input type="text" value="4600 W Guadalupe St"/> </div> <div> Payee City* <input type="text" value="Austin"/> </div>	<div> Payee Apartment or Suite Number <input type="text" value="Apt B141"/> </div> <div> <div> Payee State* <input type="text" value="TX"/> </div> <div> Payee Zip Code* <input type="text" value="78751-2956"/> </div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> Category* <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> Description (If Category is "Other") <input type="text"/> </div>	<div> (\$) Expenditure Amount* <input type="text" value="\$1,125.00"/> </div> <div> Expenditure Date* <input type="text" value="20161014"/> </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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Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]



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Expenditure

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

1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Patrick Organization Name or Payee Last Name, as applicable* McDonald Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 115 Coleman St Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78704-6317
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$1,750.00 Description (If Category is "Other") Expenditure Date* 20161014

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.

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> <div>Payee Title</div> <div></div> </div> <div> <div>Payee First Name*</div> <div>Khai</div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Parker</div> </div>	<div> <div>Payee Suffix</div> <div></div> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> <div>Payee Address/ PO Box*</div> <div>9601 Middle Fiskville Rd</div> </div> <div> <div>Payee City*</div> <div>Austin</div> </div>	<div> <div>Payee Apartment or Suite Number</div> <div>Apt V8</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>78753-3862</div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>Description (If Category is "Other")</div> <div></div> </div>	<div> <div>(\$) Expenditure Amount*</div> <div>\$450.00</div> </div> <div> <div>Expenditure Date*</div> <div>20161014</div> </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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Itemize each direct campaign expenditure in Sections 1-4.

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

1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title <input type="text"/>	Payee First Name* <input type="text" value="Ryan"/>	Organization Name or Payee Last Name, as applicable* <input type="text" value="Rosshirt"/>	Payee Suffix <input type="text"/>
2	PAYEE ADDRESS	Payee Address/ PO Box* <input type="text" value="2713 Windswept Cv"/>		Payee Apartment or Suite Number <input type="text" value="Apt 101"/>	
		Payee City* <input type="text" value="Austin"/>		Payee State* <input type="text" value="TX"/>	Payee Zip Code* <input type="text" value="78745-1408"/>
3	EXPENDITURE DETAILS	Category* <input type="text" value="Salaries/Wages/Contract labor"/>		(\$) Expenditure Amount* <input type="text" value="\$1,125.00"/>	
		Description (If Category is "Other") <input type="text"/>		Expenditure Date* <input type="text" value="20161014"/>	

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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Remove this 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 checked="" type="checkbox"/> Payee is an individual	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td></td><td>Christian</td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td>Smith</td><td></td></tr></table>	Payee Title	Payee First Name*		Christian	Organization Name or Payee Last Name, as applicable*	Payee Suffix	Smith					
Payee Title	Payee First Name*												
	Christian												
Organization Name or Payee Last Name, as applicable*	Payee Suffix												
Smith													
2 PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td>4612 Caswell Ave</td><td colspan="2"></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78751-3352</td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		4612 Caswell Ave			Payee City*	Payee State*	Payee Zip Code*	Austin	TX	78751-3352
Payee Address/ PO Box*	Payee Apartment or Suite Number												
4612 Caswell Ave													
Payee City*	Payee State*	Payee Zip Code*											
Austin	TX	78751-3352											
3 EXPENDITURE DETAILS	<table><tr><td>Category*</td><td>(\$) Expenditure Amount*</td></tr><tr><td>Salaries/Wages/Contract labor</td><td>\$1,500.00</td></tr><tr><td>Description (If Category is "Other")</td><td>Expenditure Date*</td></tr><tr><td></td><td>20161014</td></tr></table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$1,500.00	Description (If Category is "Other")	Expenditure Date*		20161014				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract labor	\$1,500.00												
Description (If Category is "Other")	Expenditure Date*												
	20161014												

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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Remove this page

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> Payee Title <input type="text"/> </div> <div> Payee First Name* <input type="text" value="Angelina"/> </div> <div> Organization Name or Payee Last Name, as applicable* <input type="text" value="LaPerla"/> </div>	<div> Payee Suffix <input type="text"/> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> Payee Address/ PO Box* <input type="text" value="8804 Tallwood Dr."/> </div> <div> Payee City* <input type="text" value="Austin"/> </div>	<div> Payee Apartment or Suite Number <input type="text" value="Apt #35"/> </div> <div> <div> Payee State* <input type="text" value="TX"/> </div> <div> Payee Zip Code* <input type="text" value="78759-7553"/> </div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> Category* <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> Description (If Category is "Other") <input type="text"/> </div>	<div> (\$) Expenditure Amount* <input type="text" value="\$990.00"/> </div> <div> Expenditure Date* <input type="text" value="20161014"/> </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 13 of 38

Itemize each direct campaign expenditure in Sections 1-4.

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

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> Payee Title <input type="text"/> </div> <div> Payee First Name* <input type="text" value="Michael"/> </div> <div> Organization Name or Payee Last Name, as applicable* <input type="text" value="Granberg"/> </div>	<div> Payee Suffix <input type="text"/> </div>
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> Payee Address/ PO Box* <input type="text" value="8810 Tallwood Dr"/> </div> <div> Payee City* <input type="text" value="Austin"/> </div>	<div> Payee Apartment or Suite Number <input type="text" value="Apt 35"/> </div> <div> <div> Payee State* <input type="text" value="TX"/> </div> <div> Payee Zip Code* <input type="text" value="78759-7572"/> </div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> Category* <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> Description (If Category is "Other") <input type="text"/> </div>	<div> (\$) Expenditure Amount* <input type="text" value="\$1,125.00"/> </div> <div> Expenditure Date* <input type="text" value="20161014"/> </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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(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.

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td></td><td>Quianna</td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td>Canada</td><td></td></tr></table>	Payee Title	Payee First Name*		Quianna	Organization Name or Payee Last Name, as applicable*	Payee Suffix	Canada					
Payee Title	Payee First Name*												
	Quianna												
Organization Name or Payee Last Name, as applicable*	Payee Suffix												
Canada													
2 PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td>6604 Bourg Cove</td><td colspan="2"></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78744</td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		6604 Bourg Cove			Payee City*	Payee State*	Payee Zip Code*	Austin	TX	78744
Payee Address/ PO Box*	Payee Apartment or Suite Number												
6604 Bourg Cove													
Payee City*	Payee State*	Payee Zip Code*											
Austin	TX	78744											
3 EXPENDITURE DETAILS	<table><tr><td>Category*</td><td>(\$) Expenditure Amount*</td></tr><tr><td>Salaries/Wages/Contract labor</td><td>\$1,125.00</td></tr><tr><td>Description (If Category is "Other")</td><td>Expenditure Date*</td></tr><tr><td></td><td>20161014</td></tr></table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$1,125.00	Description (If Category is "Other")	Expenditure Date*		20161014				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract labor	\$1,125.00												
Description (If Category is "Other")	Expenditure Date*												
	20161014												

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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[illegible]



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Expenditure

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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* Saldana Public Relations		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1612 Melissa Oaks Ln	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78744-7968
3	EXPENDITURE DETAILS	Category* Consulting Expense	(\$) Expenditure Amount* \$3,000.00	
		Description (If Category is "Other")	Expenditure Date* 20161014	

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.

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> <div>Payee Title</div> <div></div> </div> <div> <div>Payee First Name*</div> <div>Khai</div> </div> <div> <div>Organization Name or Payee Last Name, as applicable*</div> <div>Parker</div> </div> <div> <div>Payee Suffix</div> <div></div> </div>	
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> <div>Payee Address/ PO Box*</div> <div>9601 Middle Fiskville Rd</div> </div> <div> <div>Payee City*</div> <div>Austin</div> </div>	<div> <div>Payee Apartment or Suite Number</div> <div>Apt V8</div> </div> <div> <div>Payee State*</div> <div>TX</div> </div> <div> <div>Payee Zip Code*</div> <div>78753-3862</div> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> <div>Category*</div> <div>Salaries/Wages/Contract labor</div> </div> <div> <div>Description (If Category is "Other")</div> <div></div> </div>	<div> <div>(\$) Expenditure Amount*</div> <div>\$90.00</div> </div> <div> <div>Expenditure Date*</div> <div>20161017</div> </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 checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Cruz Organization Name or Payee Last Name, as applicable* Ortiz Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* PO Box 10808 Payee City* San Antonio Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78210-0808
3	EXPENDITURE DETAILS	Category* Advertising Expense (\$) Expenditure Amount* \$6,000.00 Description (If Category is "Other") Expenditure Date* 20161015

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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1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*		
		David		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	Bristow			
2 PAYEE ADDRESS	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	1200 Garden St			
	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78702-5323	
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*	
	Salaries/Wages/Contract labor		\$1,125.00	
	Description (If Category is "Other")		Expenditure Date*	
			20161014	

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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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Black Sheep Lodge		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2108 S Lamar Blvd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-4993
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$10.00	
		Description (If Category is "Other")	Expenditure Date* 20161014	

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

1 <div style="text-align: center;"> PAYEE NAME </div> <div> <input checked="" type="checkbox"/> Payee is an individual </div>	<div> Payee Title <input type="text"/> </div> <div> Payee First Name* <input type="text" value="Avery"/> </div> <div> Organization Name or Payee Last Name, as applicable* <input type="text" value="Lundy"/> </div> <div> Payee Suffix <input type="text"/> </div>	
2 <div style="text-align: center;"> PAYEE ADDRESS </div>	<div> Payee Address/ PO Box* <input type="text" value="7709 Kiva Dr"/> </div> <div> Payee City* <input type="text" value="Austin"/> </div>	<div> Payee Apartment or Suite Number <input type="text"/> </div> <div> Payee State* <input type="text" value="TX"/> </div> <div> Payee Zip Code* <input type="text" value="78749-2917"/> </div>
3 <div style="text-align: center;"> EXPENDITURE DETAILS </div>	<div> Category* <input type="text" value="Salaries/Wages/Contract labor"/> </div> <div> Description (If Category is "Other") <input type="text"/> </div>	<div> (\$) Expenditure Amount* <input type="text" value="\$90.00"/> </div> <div> Expenditure Date* <input type="text" value="20161014"/> </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

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>Emmis Austin Radio</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>PO Box 731488</div> Payee City* <div>Dallas</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>75373-1488</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$10,000.00</div> Expenditure Date* <div>20161014</div>

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

[illegible]

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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.

1	PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title Payee First Name* Fran Organization Name or Payee Last Name, as applicable* Reynolds Payee Suffix
2	PAYEE ADDRESS	Payee Address/ PO Box* 5110 Woodrow Ave Payee City* Austin Payee Apartment or Suite Number Payee State* TX Payee Zip Code* 78756-2628
3	EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor (\$) Expenditure Amount* \$133.00 Description (If Category is "Other") Expenditure Date* 20161017

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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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>CVS Pharmacy</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2101 S Lamar Blvd</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div>Unit B</div> Payee State* <div>TX</div> Payee Zip Code* <div>78704-4921</div>
3 EXPENDITURE DETAILS	Category* <div>Food/Beverage Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$19.46</div> Expenditure Date* <div>20161015</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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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.

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Costello, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9990 Richmond Ave	Contributor Apartment or Suite Number Ste 400	
	Contributor City* Houston	Contributor State* TX	Contributor Zip Code* 77042-4546
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161015	(\$) Contribution Amount* \$1,000.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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

1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>BERR Properties, Ltd.</div>																								
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2"><div>PO Box 9190</div></td><td colspan="2"><div></div></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td colspan="2"><div>78766-9190</div></td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2"><div></div></td><td colspan="2"><div></div></td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<div>PO Box 9190</div>		<div></div>		Contributor City*	Contributor State*	Contributor Zip Code*		<div>Austin</div>	<div>TX</div>	<div>78766-9190</div>		Contributor Employer*		Contributor Occupation*		<div></div>		<div></div>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<div>PO Box 9190</div>		<div></div>																							
Contributor City*	Contributor State*	Contributor Zip Code*																							
<div>Austin</div>	<div>TX</div>	<div>78766-9190</div>																							
Contributor Employer*		Contributor Occupation*																							
<div></div>		<div></div>																							
3 CONTRIBUTION DETAILS	<table border="1"><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><div>20161015</div></td><td><div>\$10,000.00</div></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<div>20161015</div>	<div>\$10,000.00</div>																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
<div>20161015</div>	<div>\$10,000.00</div>																								

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* Page Southerland Page, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 400 W Cesar Chavez St	Contributor Apartment or Suite Number Ste 500
	Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78701-3894
	Contributor Employer*	Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161015	(\$) Contribution Amount* \$1,500.00

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* 3423 Holdings LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 507 Calles St	Contributor Apartment or Suite Number Ste 105	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78702-3954
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161015		(\$) Contribution Amount* \$2,500.00

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* Brad Organization Name or Contributor Last Name, as applicable* Nelsen Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 905 Congress Ave Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78701-2421 Contributor Employer* Nelsen Partners, Inc. Contributor Occupation* Architect
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161016 (\$) Contribution Amount* \$1,000.00

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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* Joe Organization Name or Contributor Last Name, as applicable* Ross Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2509 Tarryhill Pl Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-1500 Contributor Apartment or Suite Number Contributor Employer* CSID Contributor Occupation* Executive
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017 (\$) Contribution Amount* \$10,000.00

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(Previously Independent Expenditures not by a Candidate)

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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* Lamar-Sixth-Austin, Ltd.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 405 N Lamar Blvd Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 200 Contributor State* TX Contributor Zip Code* 78703-2111 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017	(\$) 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* Metcalfe Wolff Stuart & Williams, LLP	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 221 W 6th St Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 1300 Contributor State* TX Contributor Zip Code* 78701-3415 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161016	(\$ 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* Fifth & Baylor, Ltd.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 504 N Lamar Blvd Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 200 Contributor State* TX Contributor Zip Code* 78703-5412 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017	(\$) Contribution Amount* \$5,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* James Organization Name or Contributor Last Name, as applicable* McDermott Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2802 Windsor Rd Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78703-3044 Contributor Occupation* Entrepreneur
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017 (\$) Contribution Amount* \$5,000.00

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