

# AUSTIN CITY CLERK RECEIVED

2016 OCT 18 PM 3 18

1	Committee or Organization Name*		
INDIVIDUAL	Austin Forward PAC (aka Move Austin Forward)		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
2			
INDIVIDUAL OR	Address/ PO Box*	Apartment or S	uite Number
ORGANIZATION	P.O. Box 302854		
ADDRESS	City*	State*	Zip Code*
	Austin	тх	78703
3	Title First Name		Middle Initial
COMMITTEE TREASURER	Ms. Laura		Wildule IIIIII
NAME		<u> </u>	
(if applicable)	Hernandez	Suilix	
	nemanuez		
4	Address/ PO Box	Apartment or S	uite Number
COMMITTEE TREASURER	710 Colorado Street	#6C	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	тх	78701
5	Date Filed (was recorded)*		
REPORT DATE	Date Filed (yyyymmdd)* 20161018		
	1 20101010		

<sup>\*</sup> Indicates a required field

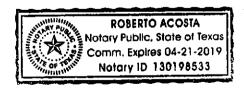


#### **6 AFFIDAVIT**

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.

AFFIANT'S SIGNATURE	Laura Hernandiz PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and subsc	ribed before me by
On the 18TH day of OCTOBER,	2016 , to certify which witness my hand and official seal.
Redo Acoslo	ROBERTO ALOSTA
Notary Public in and for the State of Texas	Typed or Printed Name of Notary





			•	
Organization Na	me or Payee Last Name, as applicable*	_		
Shell				
Payee Address/	PO Box*	Payee Apartment	or Suite Number	
3906 5 Congress	. Ave			
Payee City*		Payee State*	Payee Zip Code*	
Austin		TX	78704-7220	
Category*		(\$) Expenditure A	Amount*	
Office Overhead	I/Rental Expense	\$50.00		
Description (If C	ategory is "Other")	Expenditure Date*		
		20161015		
or hallet meas	ure supported or opposed by the	ahove expenditur	e, as applicable	
or panot measi	are supported or opposed by the	UDOVE CADCIIGITUL		
	Payee Address/ 3906 5 Congress Payee City* Austin  Category*  Office Overhead Description (If C	Payee Address/ PO Box*  3906 5 Congress Ave  Payee City*  Austin  Category*  Office Overhead/Rental Expense  Description (If Category is "Other")	Shell  Payee Address/ PO Box*  Payee Apartment  3906 \$ Congress Ave  Payee City*  Austin  Category*  Category*  Office Overhead/Rental Expense  Description (If Category is "Other")  Expenditure Date  20161015	

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			
· · · · · · · · · · · · · · · · · · ·			_



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

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			
-			
	<u>,                                    </u>		
	···		
	· · · · · · · · · · · · · · · · · · ·		



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

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			
<del>-</del>	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		



	Payee Title Payee First Name*			
PAYEE	Katherine			
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix		
Payee is an individual	Wehler			
	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	1144 Eleanor St		•	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	тх	78721-2116	
	Category*	(\$) Expenditure A	·mount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$1,076.19		
DETAILS	Description (If Category is "Other")	Expenditure Date	Expenditure Date*	
		20161015		
entify each candidate	or ballot measure supported or opposed by th	e above expenditur	e, as applicable	
Candidata Last Nama or Balla	t Mangura	Office Country	045 11-14	

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			
			_
		-	
<del></del>			



1 PAYEE	Payee Title	Payee First Name*		
NAME	Organization Na	ame or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Anstead			
2	Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE	4600 W Guadal	upe St	Apt B141	
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin	· · · · · · · · · · · · · · · · · · ·	тх	78751-2956
3	Category*		(\$) Expenditure A	\mount*
EXPENDITURE	Salaries/Wages	/Contract labor	\$1,125.00	
DETAILS	Description (If (	Category is "Other")	Expenditure Date	*
			20161014	

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			
			<u>.                                      </u>
		-	
		:	



1 PAYEE NAME	Payee Title Payee First Name*  Michael  Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Balot	
PAYEE ADDRESS	Payee Address/ PO Box*  2608B Carnarvon Ln  Payee City*  Austin	Payee Apartment or Suite Number  Payee State* Payee Zip Code*  TX 78704-5602
3 EXPENDITURE DETAILS	Category*  Salaries/Wages/Contract labor  Description (If Category is "Other")	(\$) Expenditure Amount* \$540.00  Expenditure Date*  20161014

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			
			<del></del>
			<u></u>
			<u>-</u>
		_	
			'
	·	<u> </u>	



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

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First <b>N</b> ame (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			



PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Parker		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	9601 Middle Fiskville Rd	Apt V8	· · · · ·
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78753-3862
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$450.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161014	

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			
	<u></u>		
	<del>.</del>		



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

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.

	Payee Title Payee First Name*		
PAYEE	Christian		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Smith		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	4612 Caswell Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78751-3352
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,500.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161014	· <del>-</del>

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

Revised 9/15/2016 Page 12 of 38



1	Payee Title Payee First Name*		
PAYEE	Angelina		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	LaPerla		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	8804 Tallwood Dr.	Apt #35	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78759-7553
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$990.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161014	

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			
		<u> </u>	
		<del>-</del>	
		-	
		· · · · · · · · · · · · · · · · · · ·	



	Payee Title Payee First Name*		
PAYEE	Michael		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Granberg		
	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	8810 Tallwood Dr	Apt 35	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78759-7572
	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,125.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161014	

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.

Payee Title	Payee First Name*			
	Quianna			
Organization Na	ime or Payee Last Name, as applicable*	Payee Suffix		
Canada				
Payee Address/	PO Box*	Payee Apartment o	or Suite Number	
6604 Bourg Cov	e			
Payee City*		Payee State*	Payee Zip Code*	
Austin	-	тх	78744	
Category*		(\$) Expenditure Ar	mount*	
Salaries/Wages/	/Contract labor	\$1,125.00		
Description (If C	Category is "Other")	Expenditure Date*	•	
		20161014		
r ballot meas	ure supported or opposed by the	e above expenditure	e, as applicable	
or ballot measi	ure supported or opposed by the	·	e, as applicable Office Held	
		Office Sought (if applicable)		
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Candidate First Name	Office Sought	Office Held	
	Canada  Payee Address/ 6604 Bourg Cov Payee City*  Austin  Category*  Salaries/Wages,	Organization Name or Payee Last Name, as applicable*  Canada  Payee Address/ PO Box*  6604 Bourg Cove  Payee City*  Austin	Organization Name or Payee Last Name, as applicable Payee Suffix  Canada  Payee Address/ PO Box*  Payee Apartment of G604 Bourg Cove  Payee City*  Austin  Category*  Category*  (\$) Expenditure All Salaries/Wages/Contract labor  Description (If Category is "Other")  Expenditure Date*	

Add Another Expenditure Page

Revised 9/15/2016 Page 15 of 38



1	Payee Title Payee First Name*	
PAYEE	Laura	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Hernandez	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	2408 Manor Rd	#108
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78722-2042
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$4,440.27
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161014

(if applicable)	Office Sought (if applicable)	Office Held (if applicable)
<del></del>		
		-



PAYEE				
NAME	Organizatio	n Name or Payee Last Name, as applicable*	_	
Payee is an individual	Saldana Pu	blic Relations		
	Payee Add	ress/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1612 Melis	sa Oaks Ln		
ADDRESS	Payee City		Payee State*	Payee Zip Code*
	Austin		TX	78744-7968
	Category*		(\$) Expenditure A	mount*
EXPENDITURE	Consulting	Expense	\$3,000.00	
DETAILS	Description	(If Category is "Other")	Expenditure Date	•
			20161014	
dentify each candidate	or ballot m	easure supported or opposed by the	above expenditure	e, as applicable
Candidate Last Name or Ballot	t Measure	Candidate First Name	Office Sought	Office Held

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			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	_ <del>_</del>	
		<u> </u>	
	<u>-</u>		
		-	
		-	



	Payee Title	Payee First Name*		
PAYEE		Michael		
NAME	Organization	Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Balot			
2	Payee Addres	ss/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	2608B Carnar	von Ln		
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		тх	78704-5602
3	Category*		(\$) Expenditure An	nount*
EXPENDITURE	Salaries/Wag	es/Contract labor	\$90.00	
DETAILS	Description (I	f Category is "Other")	Expenditure Date*	
			20161017	
Candidate Last Name or Ball Supported/Opposed	ot Measure	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Supported/Opposed Support City of Austin Prop 1	d <sup>+</sup>	(it applicable)	(іт арріісаріе)	(II applicable)
			-	
- · · · · · · · · · · · · · · · · · · ·		- / - /		
	1			



1 PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Parker		
2	Payee Address/ PO Box*	Payee Apartment of	or Suite Number
PAYEE	9601 Middle Fiskville Rd	Apt V8	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78753-3862
3	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Salaries/Wages/Contract labor	\$90.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161017	
		<u> </u>	

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			
	<u></u>		
			<u>                                     </u>



PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Ortiz		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	PO Box 10808		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	San Antonio	TX	78210-0808
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$6,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	•
	· ·	20161015	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
	- · · · · · · · · · · · · · · · · · · ·		
			<del></del>
	<del></del>		



Payee Title	Payee First Name*		
	David		
Organization Nar	ne or Payee Last Name, as applicable*	Payee Suffix	
Bristow			
Payee Address/ P	PO Box*	Payee Apartment	or Suite Number
1200 Garden St			
Payee City*		Payee State*	Payee Zip Code*
Austin		тх	78702-5323
Category*		(\$) Expenditure A	mount*
Salaries/Wages/0	Contract labor	\$1,125.00	
Description (If Ca	tegory is "Other")	Expenditure Date <sup>3</sup>	k
		20161014	
	Organization Nar Bristow  Payee Address/ F 1200 Garden St Payee City* Austin  Category* Salaries/Wages/C	David  Organization Name or Payee Last Name, as applicable*  Bristow  Payee Address/ PO Box*  1200 Garden St  Payee City*  Austin	David  Organization Name or Payee Last Name, as applicable*  Payee Suffix  Bristow  Payee Address/ PO Box*  Payee Apartment  1200 Garden St  Payee City*  Austin  TX  Category*  Salaries/Wages/Contract labor  Description (If Category is "Other")  Expenditure Date'

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			
			<del></del>



1				
PAY	/EE			
NAI	ME	Organization Name or Payee Last Name, as applicable*	_	
Payee is	s an individual	Black Sheep Lodge		
2	•	Payee Address/ PO Box*	Payee Apartment	ar Suite Number
PAY	/EE	2108 S Lamar Blvd		
ADDI	RESS	Payee City*	Payee State*	Payee Zip Code*
		Austin	тх	78704-4993
3		Category*	(\$) Expenditure A	Amount*
EXPEND	DITURE	Food/Beverage Expense	\$10.00	
DETA	AILS	Description (If Category is "Other")	Expenditure Date	*
			20161014	
				· · · · · · · · · · · · · · · · · · ·

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			
·			
-			



PAYEE	Payee Title Payee First Name*		
PATEE	Lacie		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	McCready		
	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	4501 E Riverside Dr	#3208	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	Тх	78741-4824
	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Salaries/Wages/Contract labor	\$165.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161014	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
		-	
			<u></u>
			·-·
		.	
		<del>                                     </del>	



PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Lundy		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	7709 Kiva Dr		-
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78749-2917
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$90.00	<u> </u>
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161014	

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			
		-	
	<u> </u>		
		·	
	<u>.</u>		
	····		



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Emmis Austin Radio		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	PO Box 731488		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Dallas	TX	75373-1488
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$10,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
<i>,</i>		20161014	

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			
	· .	<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	· <del></del>		
•			
			<u> </u>



PAYEE	Payee Title Payee First Name*		
PATEE	Fran		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Reynolds		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	5110 Woodrow Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78756-2628
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$133.00	<del>.</del>
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161017	

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			
		-	
	·		



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	CVS Pharmacy		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 S Lamar Blvd	Unit B	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78704-4921
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Food/Beverage Expense	\$19.46	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161015	

	-
 <del></del> -	
	•



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

PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Royal Blue Grocery		
•	Payee Address/ PO Box*	Payee Apartment	t or Suite Number
PAYEE	247 W 3rd St		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78701-3879
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Food/Beverage Expense	\$22.45	<del></del>
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161017	

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			
-			
	<del></del>		
		<del></del>	
		- <del></del>	
			<u> </u>

Add Another Expenditure Page



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.

CONTRIBUTOR  NAME  Contributor is an individual	Organization Name or Contributor Last Name, as applicable*  Costello, Inc.		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  9990 Richmond Ave  Contributor City*  Houston  Contributor Employer*	Contributor Apartme  Ste 400  Contributor State*  TX  Contributor Occupat	Contributor Zip Code* 77042-4546
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161015	(\$) Contribution Am \$1,000.00	ount*

Add Another Contribution Page



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*  BERR Properties, Ltd.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  PO Box 9190  Contributor City*  Austin  Contributor Employer*	Contributor Apartme Contributor State*  TX  Contributor Occupat	Contributor Zip Code* 78766-9190
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161015	(\$) Contribution Am \$10,000.00	iount*

Add Another Contribution Page



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.

CONTRIBUTOR  NAME  Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Page Southerland Page, Inc.		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  400 W Cesar Chavez St  Contributor City*  Austin  Contributor Employer*	Contributor Apartme Ste 500 Contributor State* TX Contributor Occupat	ent or Suite Number  Contributor Zip Code*  78701-3894
CONTRIBUTION  DETAILS	Contribution Date (yyyymmdd)* 20161015	(\$) Contribution Am \$1,500.00	nount*

Add Another Contribution Page



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	3423 Holdings LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	507 Calles St	Ste 105	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78702-3954
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
		]	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION  DETAILS	20161015	\$2,500.00	

Add Another Contribution Page



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.

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

Add Another Contribution Page



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.

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

Add Another Contribution Page



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Lamar-Sixth-Austin, Etd.		
2	Contributor Address/ PO Box*	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	405 N Lamar Blvd	Ste 200	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78703-2111
EMPLOYER	Contributor Employer*	Contributor Occupa	tion*
		J [	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	nount*
DETAILS	20161017	\$5,000.00	

Add Another Contribution Page



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.

CONTRIBUTOR  NAME  Contributor is an individual	Constitution Name of the Park Name of th		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*  Metcalfe Wolff Stuart & Williams, LLP		
2	IVIELCATIE WOTH STUART & WITHAMS, ELF	<u> </u>	
	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	221 W 6th St	Ste 1300	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78701-3415
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20161016	\$2,500.00	

Add Another Contribution Page



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.

CONTRIBUTOR  NAME  Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Fifth & Baylor, Ltd.		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  504 N Lamar Blvd  Contributor City*  Austin  Contributor Employer*	Contributor Apartme  Ste 200  Contributor State*  TX  Contributor Occupat	Contributor Zip Code* 78703-5412
CONTRIBUTION  DETAILS	Contribution Date (yyyymmdd)* 20161017	(\$) Contribution Amount* \$5,000.00	

Add Another Contribution Page



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  James  Organization Name or Contributor Last Name, as applicable*  McDermott	Contributor Suffix	
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* Contributor Zip Code*  TX 78703-3044  Contributor Occupation*  Entrepreneur	
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017	(\$) Contribution Amount* \$5,000.00	

Add Another Contribution Page