

AUSTIN CITY CLERK RECEIVED

2016 OCT 20 PM 2 14

1	Committee or Organization Name*		
INDIVIDUAL	Austin Forward PAC (aka Move Austin Forward)		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
		•	
2	Address/ PO Box*	Apartment or S	uite Number
INDIVIDUAL OR	P.O. Box 302854		
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	TX	78703
	Austin		
3	Title First Name		Middle Initial
COMMITTEE TREASURER	Ms. Laura		
NAME	Last Name	 Suffix	
(if applicable)	Hernandez		
4	Address/ PO Box	Apartment or S	iuite Number
COMMITTEE TREASURER	710 Colorado Street	#6C	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	тх	78701
5			
REPORT DATE	Date Filed (yyyymmdd)*		
	20161020		•

^{*} Indicates a required field

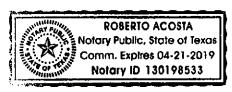


6 AFFIDAVIT

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.

DATE: 10/20/14	·
	<u>laura Hernandez</u>
AFFIANT'S SIGNATURE	PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and subscribed LAURA HERNANDEZ	d before me by
On the 2014 day of OCTOBER,	2016, to certify which witness my hand and official seal.
Roto Acosta	ROBERTO ALOSTA
Notary Public in and for the State of Texas	Typed or Printed Name of Notary





PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Rindy Miller Media		•
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2401 E 6th St	Apt 1007	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78702-3975
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$4,635.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161018	

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			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Home Depot		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3600 W Interstate 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78704-7419
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$95.50	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161019	

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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PAYEE			
FAILL			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	NGP VAN		
2	· · · · · · · · · · · · · · · · · · ·		
•	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1101 15th St NW	Ste 500	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Washington	DC	20005-5006
3			
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Office Overhead/Rental Expense	\$2,250.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161019	
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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			
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PAYEE		
NAME	Organization Name or Payee Last Name, as applicable *	
Payee is an individual	Cricket Wireless	
•	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	529 W Oltorf St	Ste A1
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78704-5447
	Category*	(\$) Expenditure Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$200.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161018

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			
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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	Organization Name or Payee Last Name, as applicable*		•
Payee is an individual	OfficeMax / Office Depot		
	Office Depot	ال	
2			
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 S Lamar Blvd		
ADDRESS			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78704-4921
3			. *
	Category*	(\$) Expenditure A	mount "
EXPENDITURE	Office Overhead/Rental Expense	\$199.06	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
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		20161019	
			

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
pport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	United States Treasury		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	EFTPS	1500 Pennsylvani	a Ave NW
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Washington	DC	20220-0001
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$6,731.21	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161018	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Rindy Miller Media]	
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2401 E 6th St	Apt 1007	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78702-3975
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$1,500.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161018	

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	(opp	, (v. spp	(iii spinisses)
			
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	•
Organization Name or Payee Last Name, as applicable*	
American Printing & Mailing	
Payee Address/ PO Box*	Payee Apartment or Suite Number
1606 Headway Cir	Ste 100
Payee City*	Payee State* Payee Zip Code*
Austin	TX 78754-5152
Category*	(\$) Expenditure Amount*
Printing Expense	\$8,328.40
Description (If Category is "Other")	Expenditure Date*
	20161018
	American Printing & Mailing Payee Address/ PO Box* 1606 Headway Cir Payee City* Austin Category* Printing Expense

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	CVS Pharmacy		
	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	TX	78704-4921
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$47.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161019	

I 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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *	_	
Payee is an individual	CVS Pharmacy] .	•
· · ·	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 S Lamar Bivd	Unit B	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78704-4921
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Food/Beverage Expense	\$23.84	•
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161019	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *		
Payee is an individual	TODO Austin		
·	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1400 Corona Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	Тх	78723-2516
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$590.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161018	

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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PAYEE			
NAME .	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Influence Opinions		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	611 S Congress Ave	Ste 100	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78704-1749
	Category*	(\$) Expenditure A	amount*
EXPENDITURE	Advertising Expense	\$28,750.00	anoutt.
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161018	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
upport City of Austin Prop 1	· · · ·	_	
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PAYEE			
· NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	The Village Newspaper		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	4132 E 12th St		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78721-1905
·	Category*	(\$) Expenditure A	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	Advertising Expense	\$1,008.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161018	

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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PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	
Payee is an individual	Suburban Voters Project PAC	
	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	PO Box 66861	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
•	Austin	TX 78766-6861
	Category*	(\$) Expenditure Amount*
EXPENDITURE	Consulting Expense	\$1,000.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161018

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	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Austin Progressive Coalition		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	4411 Spicewood Springs Rd	Apt 508	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78759-8571
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Consulting Expense	\$250.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161018	

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			·
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Effective September 1, 2016 information related to contributions must be reported if the individual or organization imaking 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* Amy Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Baer		
2	Contributor Address/ PO Box*	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	8700 Calera Dr	#154	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78735-1571
EMPLOYER	Contributor Employer*	Contributor Occupa	tion*
	Self Employed	Freelance	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution An	nount*
DETAILS	20161018	\$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* Kevin Organization Name or Contributor Last Name, as applicable* Burns	Contributor Suffix	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 801 W 5th St Contributor City* Austin Contributor Employer* Urbanspace	Contributor Apartme Ste 100 Contributor State* TX Contributor Occupat Real Estate	Contributor Zip Code* 78703-5405
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161018	(\$) Contribution Am	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.

1 CONTRIBUTOR	Contributor Title Contributor First Name*		1
NAME	Michael		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Slack		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2705 Bee Caves Rd	Ste 220	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78746-5685
EMPLOYER	Contributor Employer*	Contributor Occupat	tion*
	Slack & Davis, LLP	Attorney	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20161018	\$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.

1		
CONTRIBUTOR		
NAME		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	
	Atkins	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4030 W Boy Scout Blvd Contributor City* Tampa Contributor Employer*	Contributor Apartment or Suite Number Ste 700 Contributor State* Contributor Zip Code* FL 33607-5713 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161018	(\$) 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*		
	ASC Bear Creek Properties, LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	nt or Suite Number
CONTRIBUTOR	3724 Jefferson St	Ste 210	
ADDRESS	Contributor City*	Contributor State*	·Contributor Zip Code*
AND	Austin	тх	78731-6221
EMPLOYER	Contributor Employer*	Contributor Occupation*	
3		(4) 6	*
CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
DETAILS	20161018	\$15,000.00	

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*			
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2500 Bee Caves Rd Contributor City* Austin Contributor Employer*	Contributor Apartme Bldg B, Ste 300 Contributor State* TX Contributor Occupat	State* Contributor Zip Code* 78746-5869	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161019	(\$) Contribution Amount* \$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.

1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Capridge Partners LLC	•	
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	823 Congress Ave	Ste 1111	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	TX	78746-5869
EMPLOYER	Contributor Employer*	Contributor Occupation*	
]	·
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
DETAILS	20161019	\$3,000.00	

Add Another Contribution Page