



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

AUSTIN CITY CLERK
RECEIVED

2016 OCT 20 PM 2 14

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)* 20161020		

* Indicates a required field



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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: 10/20/16

[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

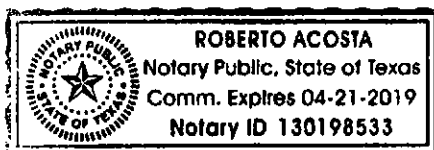
On the 20TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





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

[illegible]

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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>NGP VAN</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1101 15th St NW</div> Payee City* <div>Washington</div>		Payee Apartment or Suite Number <div>Ste 500</div> Payee State* <div>DC</div> Payee Zip Code* <div>20005-5006</div>
3 EXPENDITURE DETAILS	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$2,250.00</div> Expenditure Date* <div>20161019</div>

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

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Cricket Wireless		
2	PAYEE ADDRESS	Payee Address/ PO Box* 529 W Oltorf St	Payee Apartment or Suite Number Ste A1	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-5447
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$200.00	
		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			

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.

[illegible]



Revised 9/15/2016
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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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Itemize each direct campaign expenditure in Sections 1-4.

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1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>TODO Austin</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1400 Corona Dr</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78723-2516</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$590.00</div> Expenditure Date* <div>20161018</div>

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

[illegible]



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1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <div>The Village Newspaper</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>4132 E 12th St</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78721-1905</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$1,008.00</div> Expenditure Date* <div>20161018</div>

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

[illegible]



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Amy Organization Name or Contributor Last Name, as applicable* Baer Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8700 Calera Dr Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number #154 Contributor State* TX Contributor Zip Code* 78735-1571 Contributor Occupation* Freelance
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161018 (\$) Contribution Amount* \$1,000.00

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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title 	Contributor First Name* Kevin	Organization Name or Contributor Last Name, as applicable* Burns	Contributor Suffix 	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 801 W 5th St	Contributor Apartment or Suite Number Ste 100	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78703-5405
3	CONTRIBUTOR DETAILS	Contributor Employer* Urbanspace	Contributor Occupation* Real Estate	Contribution Date (yyyymmdd)* 20161018	(\$) Contribution Amount* \$1,000.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Michael Organization Name or Contributor Last Name, as applicable* Slack Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2705 Bee Caves Rd Contributor City* Austin Contributor Employer* Slack & Davis, LLP Contributor Apartment or Suite Number Ste 220 Contributor State* TX Contributor Zip Code* 78746-5685 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161018 (\$) Contribution Amount* \$1,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * <input type="text" value="Atkins"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * <input type="text" value="4030 W Boy Scout Blvd"/>	Contributor Apartment or Suite Number <input type="text" value="Ste 700"/>	
	Contributor City * <input type="text" value="Tampa"/>	Contributor State * <input type="text" value="FL"/>	Contributor Zip Code * <input type="text" value="33607-5713"/>
	Contributor Employer * <input type="text"/>	Contributor Occupation * <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * <input type="text" value="20161018"/>		(%) Contribution Amount * <input type="text" value="\$10,000.00"/>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * ASC Bear Creek Properties, LLC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 3724 Jefferson St Contributor City * Austin Contributor Employer * 	Contributor Apartment or Suite Number Ste 210 Contributor State * TX Contributor Zip Code * 78731-6221 Contributor Occupation *
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20161018	(\$) Contribution Amount * \$15,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Latinworks	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2500 Bee Caves Rd Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Bldg B, Ste 300 Contributor State* TX Contributor Zip Code* 78746-5869 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161019	(\$) 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* Capridge Partners LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 823 Congress Ave	Contributor Apartment or Suite Number Ste 1111	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746-5869
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161019		(\$) Contribution Amount* \$3,000.00

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