AUSTIN CITY CLERK RECEIVED

2016 OCT 27 RM 9 20

1	Committee or O	rganization Name*			
INDIVIDUAL	Texas Vote Envir	ronment	·		
OR	<u> </u>				
ORGANIZATION					
NAME					
Filer is an individual					
2	 				
INDIVIDUAL OR ORGANIZATION	Address/ PO Box*		Apartment or	Suite Number	
	600 W/ 28th Street		Suite 202		
ADDRESS	City*		State*	Zip Code*	
ADDRESS	Austin			TX	78705
3			· · · · · · · · · · · · · · · · · · ·		
COMMITTEE TREASURER	Title First Name			Middle Initial	
NAME	Mr	David			
ļ	Last Name		Suffix		
(if applicable)	Foster				
	<u> </u>			······	,
4	Address/ PO Box	(· · ·	Apartment or	Suite Number
COMMITTEE TREASURER	Same				
ADDRESS	City			State	Zip Code
(if applicable)					
5	<u> </u>				
REPORT DATE	Date Filed (yyyyr	mmdd)*			
NLFORI DAIE	20161004				
	1				

^{*} 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: 10-27-16

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

DAVID FOSTER

On the 2 (TH day of OCTOBER

, 2016 , to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

ROBERTO ACOSTA Notary Public, State of Texas Comm. Expires 04-21-2019 Notary ID 130198533



•	<u> </u>		-
-			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Worley Printing]	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3217 North IH 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78722
3			· · · · · · · · · · · · · · · · · · ·
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Other (use Description field)	\$1,588.59 Expenditure Date*	
DETAILS	Description (If Category is "Other")		
	Postcard printing, prep and mailing	20161026	· · · · · · · · · · · · · · · · · · ·
	1		

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition One / Support			



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Worley Printing]	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3217 North IH 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78722
3	Category*	(\$) Expenditure A	Amount [#]
EXPENDITURE	Other (use Description field)	\$604.36	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Postcard printing, prep and mailing	20161027	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Pool / Support	Leslie	City Council Dist 7	City Council Dist 7
		· · · · · · · · · · · · · · · · · · ·	
			
· · · · · · · · · · · · · · · · · · ·			
 			



PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Worley Printing] .	
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3217 North IH 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78722
	Category*	(\$) Expenditure /	\mount*
EXPENDITURE	Other (use Description field)	\$413.19	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	Postcard printing, prep and mailing	20161027	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan / Support	Jimmy	City Council Dist 6	
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			· · · · · · · · · · · · · · · · · · ·



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Clean Water Action		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	600 West 28th Street	202	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78705
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Other (use Description field)	\$1,300.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Phone Banks and electronic communication	20161025	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop 1 / Support			
Pool / Support	Leslie	City Council Dist 7	City Council Dist 7
Flannigan / Support	Jimmy	City Council Dist 6	



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.

CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Austinites for Equity		
!	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	1812 Centre Creek Drive	Suite 310	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	Тх	78754
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	NA	NA	
	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20161024	\$1,500.00	



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kirk Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Mitchell	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 304 E 32nd St Contributor City* Austin Contributor Employer* Self	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78705 Contributor Occupation* Securities Investor
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161021	(\$) Contribution Amount* \$1,000.00

Add Another Contribution Page



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
_	Austin Forward PAC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO Box 302854 Contributor City* Austin Contributor Employer*	Contributor Apartme Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161003	(\$) Contribution Am \$5,100.00	ount*

Add Another Contribution Page