



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 27 AM 9 20

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Texas Vote Environment</div>																
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2"><div>600 W/ 28th Street</div></td><td colspan="2"><div>Suite 202</div></td></tr><tr><td>City*</td><td>State*</td><td colspan="2">Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td colspan="2"><div>78705</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number		<div>600 W/ 28th Street</div>		<div>Suite 202</div>		City*	State*	Zip Code*		<div>Austin</div>	<div>TX</div>	<div>78705</div>	
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3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div>Mr</div></td><td><div>David</div></td><td><div></div></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Foster</div></td><td><div></div></td></tr></table>	Title	First Name	Middle Initial	<div>Mr</div>	<div>David</div>	<div></div>	Last Name		Suffix	<div>Foster</div>		<div></div>				
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5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161004</div>																

* 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: 10-27-16

AFFIANT'S SIGNATURE

David Foster

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

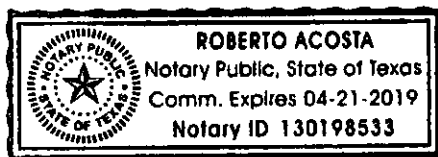
DAVID FOSTER

On the 27th day of OCTOBER, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Austinites for Equity	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1812 Centre Creek Drive Contributor City* Austin Contributor Employer* NA	Contributor Apartment or Suite Number Suite 310 Contributor State* TX Contributor Zip Code* 78754 Contributor Occupation* NA
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$ Contribution Amount* \$1,500.00



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

Add Another Contribution Page



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1 CONTRIBUTOR NAME <input type="checkbox"/> 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 Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161003	(\$) Contribution Amount* \$5,100.00	

Add Another Contribution Page