



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 27 PM 3 49

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1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Forward PAC (aka Move Austin Forward)</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>P.O. Box 302854</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78703</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div>Ms.</div> First Name <div>Laura</div> Middle Initial <div></div> Last Name <div>Hernandez</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>710 Colorado Street</div> City <div>Austin</div> Apartment or Suite Number <div>#6C</div> State <div>TX</div> Zip Code <div>78701</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161027</div>

* Indicates a required field



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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

[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

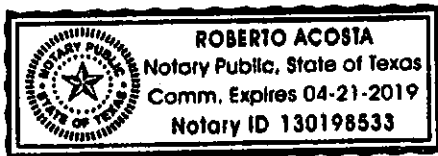
On the 27TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

Robto Acosta

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]



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>Travis County Democratic Party</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1311 E 6th</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78702-3367</div>
3 EXPENDITURE DETAILS	Category* <div>Event Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$100.00</div> Expenditure Date* <div>20161025</div>

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

[illegible]



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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* Frost Bank		
2	PAYEE ADDRESS	Payee Address/ PO Box* 401 Congress Ave	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-3793
3	EXPENDITURE DETAILS	Category* Accounting/Banking	(\$) Expenditure Amount* \$12.00	
		Description (If Category is "Other")	Expenditure Date* 20161025	

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

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Itemize each direct campaign expenditure in Sections 1-4.
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[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* Check Mark Typesetting		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 N Interstate 35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78722-2203
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$2,589.27	
		Description (If Category is "Other")	Expenditure Date* 20161025	

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

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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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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* American Printing & Mailing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1606 Headway Cir, Ste 100	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78754-5152
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$4,172.68	
		Description (If Category is "Other")	Expenditure Date* 20161026	

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.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>American Printing & Mailing</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1606 Headway Cir, Ste 100</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78754-5152</div>
3 EXPENDITURE DETAILS	Category* <div>Printing Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$4,241.69</div> Expenditure Date* <div>20161026</div>

[illegible]



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

[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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Ben</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Barnes</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Ben	Organization Name or Contributor Last Name, as applicable*		Barnes		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Ben																								
Organization Name or Contributor Last Name, as applicable*																									
Barnes																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1003 Rio Grande St</td><td colspan="2">Ste 1-100</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78701-2013</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self Employed</td><td colspan="2">Consultant</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1003 Rio Grande St		Ste 1-100		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78701-2013	Contributor Employer*		Contributor Occupation*		Self Employed		Consultant	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1003 Rio Grande St		Ste 1-100																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78701-2013																						
Contributor Employer*		Contributor Occupation*																							
Self Employed		Consultant																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161026</td><td>\$1,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161026	\$1,500.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161026	\$1,500.00																								

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Sanford</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Gottesman</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Sanford	Organization Name or Contributor Last Name, as applicable*		Gottesman		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Sanford																								
Organization Name or Contributor Last Name, as applicable*																									
Gottesman																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">1900 Scenic Dr</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78703-2041</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">ORI, Inc.</td><td colspan="2">Investor</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		1900 Scenic Dr				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78703-2041		Contributor Employer*		Contributor Occupation*		ORI, Inc.		Investor	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
1900 Scenic Dr																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78703-2041																							
Contributor Employer*		Contributor Occupation*																							
ORI, Inc.		Investor																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161025</td><td>\$2,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161025	\$2,500.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161025	\$2,500.00																								

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Arthur</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Carpenter</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Arthur	Organization Name or Contributor Last Name, as applicable*		Carpenter		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Arthur																								
Organization Name or Contributor Last Name, as applicable*																									
Carpenter																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">5453 Burnet Rd</td><td colspan="2">Ste 203</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78756-1648</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self Employed</td><td colspan="2">Real Estate</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		5453 Burnet Rd		Ste 203		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78756-1648	Contributor Employer*		Contributor Occupation*		Self Employed		Real Estate	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
5453 Burnet Rd		Ste 203																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78756-1648																						
Contributor Employer*		Contributor Occupation*																							
Self Employed		Real Estate																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161025</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161025	\$1,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161025	\$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* White Lodging Services Corporation		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 701 E 83rd Ave	Contributor Apartment or Suite Number 	Contributor City* Merrillville
	Contributor State* IN	Contributor Zip Code* 46410-9202	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161025	(\$) Contribution Amount* \$10,000.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Patrick Organization Name or Contributor Last Name, as applicable* Flynn Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4638 S Lamar Blvd Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78745-2552 Contributor Occupation* Contractor
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161026 (\$) 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* David Organization Name or Contributor Last Name, as applicable* Ferdman Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 90 Pascal Ln Contributor City* Austin Contributor State* TX Contributor Zip Code* 78746-2552 Contributor Employer* DTB Capital Partners, LLC Contributor Apartment or Suite Number Contributor Occupation* Principal
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161026 (\$) Contribution Amount* \$5,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* NRE Edge LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 526 University Dr E	Contributor Apartment or Suite Number Bldg B	
	Contributor City* College Station	Contributor State* TX	Contributor Zip Code* 77840-1986
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161026	(\$) Contribution Amount* \$1,250.00	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Ballpark Austin LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 526 University Dr E	Contributor Apartment or Suite Number Bldg B	
	Contributor City* College Station	Contributor State* TX	Contributor Zip Code* 77840-1986
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161026		(\$) Contribution Amount* \$1,250.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Larry</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Peel</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Larry	Organization Name or Contributor Last Name, as applicable*		Peel		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Larry																								
Organization Name or Contributor Last Name, as applicable*																									
Peel																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">PO Box 248</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78767-0248</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Larry Peel Company</td><td colspan="2">Builder/Developer</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		PO Box 248				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78767-0248		Contributor Employer*		Contributor Occupation*		Larry Peel Company		Builder/Developer	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
PO Box 248																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78767-0248																							
Contributor Employer*		Contributor Occupation*																							
Larry Peel Company		Builder/Developer																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161026</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161026	\$5,000.00																				
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Muniz Concrete & Contracting, Inc.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>3523 Gonzales St</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Austin</div>	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78702-4016</div>
	Contributor Employer* <div></div>	Contributor Occupation* <div></div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161026</div>		(\$) Contribution Amount* <div>\$5,000.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>K&L Gates LLP</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>210 6th Ave</div>	Contributor Apartment or Suite Number <div></div>	
	Contributor City* <div>Pittsburgh</div>	Contributor State* <div>PA</div>	Contributor Zip Code* <div>15222-2602</div>
	Contributor Employer* <div></div>	Contributor Occupation* <div></div>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161026</div>		(\$) Contribution Amount* <div>\$2,500.00</div>

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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.

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