



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

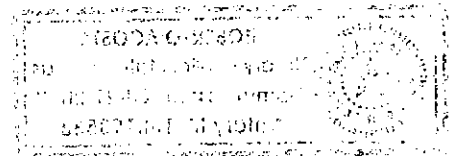
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AUSTIN CITY CLERK
RECEIVED

2016 NOV 8 PM 3 38

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>20161108</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: 11/8/14
[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

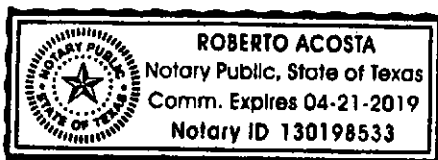
On the 8TH day of NOVEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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* OfficeMax / Office Depot		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2101 S Lamar Blvd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-4921
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$35.13	
		Description (If Category is "Other")	Expenditure Date* 20161107	

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



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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* Southside Flying Pizza		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1224 S Lamar Blvd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-2369
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$137.43	
		Description (If Category is "Other")	Expenditure Date* 20161104	

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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Revised 9/15/2016
Page 4 of 21



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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* Southside Flying Pizza		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1224 S Lamar Blvd	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-2369
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$121.74	
		Description (If Category is "Other") 	Expenditure Date* 20161107	

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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(Previously Independent Expenditures not by a Candidate)

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* HEB		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2508 E Riverside Dr	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78741-3037
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$10.73	
		Description (If Category is "Other")	Expenditure Date* 20161104	

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			

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>HEB</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>2508 E Riverside Dr</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State * <div>TX</div> Payee Zip Code * <div>78741-3037</div>
3 EXPENDITURE DETAILS	Category * <div>Food/Beverage Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$14.78</div> Expenditure Date * <div>20161107</div>

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

[illegible]



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(Previously Independent Expenditures not by a Candidate)

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* Sage Payment Solutions		
2	PAYEE ADDRESS	Payee Address/ PO Box* 12120 Sunset Hills Rd, Ste 500	Payee Apartment or Suite Number 	
		Payee City* Reston	Payee State* VA	Payee Zip Code* 20190-5858
3	EXPENDITURE DETAILS	Category* Accounting/Banking	(\$) Expenditure Amount* \$5,999.23	
		Description (If Category is "Other") 	Expenditure Date* 20161104	

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



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(Previously Independent Expenditures not by a Candidate)

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* Time Warner Cable		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1 Time Warner Ctr	Payee Apartment or Suite Number	
		Payee City* New York City	Payee State* NY	Payee Zip Code* 10019-6038
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$1,037.00	
		Description (If Category is "Other")	Expenditure Date* 20161107	

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>Influence Opinions</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>611 W Congress Ave, Ste 100</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State * <div>TX</div> Payee Zip Code * <div>78704-1749</div>
3 EXPENDITURE DETAILS	Category * <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$6,250.00</div> Expenditure Date * <div>20161107</div>

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

[illegible]

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	<table border="1"> <tr> <td>Payee Title</td> <td colspan="2">Payee First Name*</td> </tr> <tr> <td></td> <td colspan="2">Terrence</td> </tr> <tr> <td colspan="2">Organization Name or Payee Last Name, as applicable*</td> <td>Payee Suffix</td> </tr> <tr> <td colspan="2">Dandy</td> <td></td> </tr> </table>	Payee Title	Payee First Name*			Terrence		Organization Name or Payee Last Name, as applicable*		Payee Suffix	Dandy						
Payee Title	Payee First Name*																
	Terrence																
Organization Name or Payee Last Name, as applicable*		Payee Suffix															
Dandy																	
2 PAYEE ADDRESS	<table border="1"> <tr> <td colspan="2">Payee Address/ PO Box*</td> <td colspan="2">Payee Apartment or Suite Number</td> </tr> <tr> <td colspan="2">2505 Village Trail Cir</td> <td colspan="2">Apt A</td> </tr> <tr> <td>Payee City*</td> <td>Payee State*</td> <td colspan="2">Payee Zip Code*</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td colspan="2">78744-3612</td> </tr> </table>	Payee Address/ PO Box*		Payee Apartment or Suite Number		2505 Village Trail Cir		Apt A		Payee City*	Payee State*	Payee Zip Code*		Austin	TX	78744-3612	
Payee Address/ PO Box*		Payee Apartment or Suite Number															
2505 Village Trail Cir		Apt A															
Payee City*	Payee State*	Payee Zip Code*															
Austin	TX	78744-3612															
3 EXPENDITURE DETAILS	<table border="1"> <tr> <td>Category*</td> <td>(\$) Expenditure Amount*</td> </tr> <tr> <td>Salaries/Wages/Contract labor</td> <td>\$180.00</td> </tr> <tr> <td>Description (If Category is "Other")</td> <td>Expenditure Date*</td> </tr> <tr> <td></td> <td>20161104</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$180.00	Description (If Category is "Other")	Expenditure Date*		20161104								
Category*	(\$) Expenditure Amount*																
Salaries/Wages/Contract labor	\$180.00																
Description (If Category is "Other")	Expenditure Date*																
	20161104																

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**

(Previously Independent Expenditures not by a Candidate)

Expenditure

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

1	<div>PAYEE NAME</div> <div><input type="checkbox"/> Payee is an individual</div>	Organization Name or Payee Last Name, as applicable* <div>Little Caesar's Pizza</div>		
2	<div>PAYEE ADDRESS</div>	Payee Address/ PO Box* <div>4410 E Riverside Dr, Ste 170</div>	Payee Apartment or Suite Number <div></div>	
		Payee City* <div>Austin</div>	Payee State* <div>TX</div>	Payee Zip Code* <div>78741-4799</div>
3	<div>EXPENDITURE DETAILS</div>	Category* <div>Food/Beverage Expense</div>	(\$) Expenditure Amount* <div>\$56.63</div>	
		Description (If Category is "Other") <div></div>	Expenditure Date* <div>20161107</div>	

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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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* <div>SnapChat Inc.</div>		
2	PAYEE ADDRESS	Payee Address/ PO Box* <div>63 Market St</div>	Payee Apartment or Suite Number <div></div>	
		Payee City* <div>Venice</div>	Payee State* <div>CA</div>	Payee Zip Code* <div>90291-3606</div>
3	EXPENDITURE DETAILS	Category* <div>Advertising Expense</div>	(\$) Expenditure Amount* <div>\$1,232.37</div>	
		Description (If Category is "Other") <div></div>	Expenditure Date* <div>20161107</div>	

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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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* Gregory A. Copp Inc.		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1202 Nueces St	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78701-1720
3	EXPENDITURE DETAILS	Category* Accounting/Banking	(\$) Expenditure Amount* \$437.50	
		Description (If Category is "Other")	Expenditure Date* 20161107	

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			

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>Walgreens</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>4501 Guadalupe St</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State * <div>TX</div> Payee Zip Code * <div>78751-2937</div>
3 EXPENDITURE DETAILS	Category * <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$47.18</div> Expenditure Date * <div>20161107</div>

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

[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>MedSpring-AUS-Central Austin</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>3906 N Lamar Blvd, Ste 100</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State * <div>TX</div> Payee Zip Code * <div>78756-4000</div>
3 EXPENDITURE DETAILS	Category * <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$165.00</div> Expenditure Date * <div>20161107</div>

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

[illegible]

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	<table><tr><td data-bbox="425 430 485 459">PAYEE</td><td data-bbox="425 396 597 417">Payee Title</td><td data-bbox="612 396 790 417">Payee First Name*</td></tr><tr><td data-bbox="425 487 485 514">NAME</td><td data-bbox="425 424 589 472"></td><td data-bbox="612 424 1192 472">Timothy</td></tr><tr><td data-bbox="144 535 358 562"><input checked="" type="checkbox"/> Payee is an individual</td><td data-bbox="425 493 946 514">Organization Name or Payee Last Name, as applicable*</td><td data-bbox="1027 493 1146 514">Payee Suffix</td></tr><tr><td></td><td data-bbox="425 520 1005 571">Hammit</td><td data-bbox="1027 520 1192 571"></td></tr></table>	PAYEE	Payee Title	Payee First Name*	NAME		Timothy	<input checked="" type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable*	Payee Suffix		Hammit			
PAYEE	Payee Title	Payee First Name*													
NAME		Timothy													
<input checked="" type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable*	Payee Suffix													
	Hammit														
2	<table><tr><td data-bbox="425 661 485 688">PAYEE</td><td data-bbox="425 625 664 646">Payee Address/ PO Box*</td><td data-bbox="1050 625 1377 646">Payee Apartment or Suite Number</td></tr><tr><td data-bbox="425 716 485 743">ADDRESS</td><td data-bbox="425 653 1027 703">1430 Frontier Valley Dr., Lot 97</td><td data-bbox="1050 653 1533 703"></td></tr><tr><td></td><td data-bbox="425 722 545 743">Payee City*</td><td data-bbox="1050 722 1177 743">Payee State*</td><td data-bbox="1258 722 1422 743">Payee Zip Code*</td></tr><tr><td></td><td data-bbox="425 751 1027 800">Austin</td><td data-bbox="1050 751 1235 800">TX</td><td data-bbox="1258 751 1533 800">78741</td></tr></table>	PAYEE	Payee Address/ PO Box*	Payee Apartment or Suite Number	ADDRESS	1430 Frontier Valley Dr., Lot 97			Payee City*	Payee State*	Payee Zip Code*		Austin	TX	78741
PAYEE	Payee Address/ PO Box*	Payee Apartment or Suite Number													
ADDRESS	1430 Frontier Valley Dr., Lot 97														
	Payee City*	Payee State*	Payee Zip Code*												
	Austin	TX	78741												
3	<table><tr><td data-bbox="425 890 485 917">EXPENDITURE</td><td data-bbox="425 854 531 875">Category*</td><td data-bbox="1057 854 1295 875">(\$) Expenditure Amount*</td></tr><tr><td data-bbox="425 945 485 974">DETAILS</td><td data-bbox="425 884 1027 932">Advertising Expense</td><td data-bbox="1057 884 1533 932">\$600.00</td></tr><tr><td></td><td data-bbox="425 953 760 974">Description (If Category is "Other")</td><td data-bbox="1057 953 1229 974">Expenditure Date*</td></tr><tr><td></td><td data-bbox="425 980 1027 1029"></td><td data-bbox="1057 980 1533 1029">20161108</td></tr></table>	EXPENDITURE	Category*	(\$) Expenditure Amount*	DETAILS	Advertising Expense	\$600.00		Description (If Category is "Other")	Expenditure Date*			20161108		
EXPENDITURE	Category*	(\$) Expenditure Amount*													
DETAILS	Advertising Expense	\$600.00													
	Description (If Category is "Other")	Expenditure Date*													
		20161108													

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

(Previously Independent Expenditures not by a Candidate)

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><input type="text"/></td><td><input type="text" value="Joe"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text" value="Warnock"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text" value="Joe"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text" value="Warnock"/>	<input type="text"/>																
Contributor Title	Contributor First Name*																								
<input type="text"/>	<input type="text" value="Joe"/>																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
<input type="text" value="Warnock"/>	<input type="text"/>																								
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"><input type="text" value="PO Box 302380"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78703-0040"/></td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2"><input type="text" value="Seamless Capital LP"/></td><td colspan="2"><input type="text" value="President"/></td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		<input type="text" value="PO Box 302380"/>		<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*		<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703-0040"/>		Contributor Employer*		Contributor Occupation*		<input type="text" value="Seamless Capital LP"/>		<input type="text" value="President"/>	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
<input type="text" value="PO Box 302380"/>		<input type="text"/>																							
Contributor City*	Contributor State*	Contributor Zip Code*																							
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703-0040"/>																							
Contributor Employer*		Contributor Occupation*																							
<input type="text" value="Seamless Capital LP"/>		<input type="text" value="President"/>																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text" value="20161104"/></td><td><input type="text" value="\$1,000.00"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20161104"/>	<input type="text" value="\$1,000.00"/>																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
<input type="text" value="20161104"/>	<input type="text" value="\$1,000.00"/>																								

Add Another Contribution Page

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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* Stream Realty Partners-Austin, L.P.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2001 Ross Ave, Ste 2800	Contributor Apartment or Suite Number 	Contributor City* Dallas
	Contributor State* TX	Contributor Zip Code* 75201-2930	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161104	(\$) Contribution Amount* \$5,000.00	

Add Another Contribution Page

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(Previously Independent Expenditures not by a Candidate)

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* Ascension Health Ministry SVC CTR		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4040 Vincennes Cir	Contributor Apartment or Suite Number	
	Contributor City* Indianapolis	Contributor State* IN	Contributor Zip Code* 46268-3027
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161107	(\$) Contribution Amount* \$5,000.00	

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Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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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* <div>Husch Blackwell LLP</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>190 Carondelet Plz, Ste 600</div>	Contributor Apartment or Suite Number <div></div>	Contributor City* <div>St Louis</div>
	Contributor State* <div>MO</div>	Contributor Zip Code* <div>63105-3433</div>	Contributor Employer* <div></div>
	Contributor Occupation* <div></div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161107</div>	(\$) Contribution Amount* <div>\$10,000.00</div>	

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