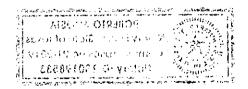
AUSTIN CITY CLERK RECEIVED

2016 DEC 9 PM 4 11

1	Committee or Organization Name*			
INDIVIDUAL	Austin Forward PAC (aka Move Austin Forward)			
OR				
ORGANIZATION				
NAME				
Filer is an individual				
2				
INDIVIDUAL OR	Address/ PO Box*	Apartment or S	Guite Number	
ORGANIZATION	P.O. Box 302854			
ADDRESS	City*	State*	Zip Code*	
, ABBITEDS	Austin	тх	78703	
3	Title First Name	•	Middle Initial	
COMMITTEE TREASURER	Title First Name Ms. Laura		Middle initial	
NAME]			
(if applicable)		Suffix		
	Hernandez			
4	Address/ PO Box	Apartment or S	Suite Number	
COMMITTEE TREASURER	710 Colorado Street	#6C		
ADDRESS	City	State	Zip Code	
(if applicable)	Austin	ТХ	78701	
5	Date Filed (yyyymmdd)*			
REPORT DATE	20161209			



^{*} 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.

PRINT NAME

DATE: 12/9/16

Laura Harnan

STATE OF TEXAS

COUNTY OF TRAVIS

AFFIANT'S SIGNATURE

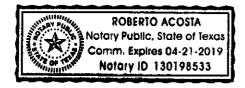
This instrument was acknowledged, sworn to and subscribed before me by

LAURA HERNANDEZ

On the <u>4TH</u> day of <u>VECEMBER</u>, <u>2016</u>, to certify which witness my hand and official seal.

NORTH TO ACOSTA

Notary Public in and for the State of Texas Typed or Printed Name of Notary





1 DAVES	Payee Title	Payee First Name*		
PAYEE		Laura		
NAME	Organization Na	me or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Hernandez			
2	Payee Address/	PO Box*	Payee Apartment	or Suite Number
PAYEE	2408 Manor Rd		#108	
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		тх	78722-2042
3	Category*		(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor		\$4,440.27	
DETAILS	Description (If Category is "Other")		Expenditure Date	*
			20161115	

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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PAYEE NAME Payee is an individual	Payee Title Payee First Name* Laura Organization Name or Payee Last Name, as applicable* Hernandez	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 2408 Manor Rd Payee City* Austin	Payee Apartment or Suite Number #108 Payee State* Payee Zip Code* TX 78722-2042
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$2,387.27 Expenditure Date* 20161115

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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1. PAYEE		Payee Title	Payee First Name*		
	NAME	Organization N	ame or Payee Last Name, as applicable*	Payee Suffix	
	Payee is an individual	Wick			
2		Payee Address/	' PO Box*	Payee Apartment	or Suite Number
	PAYEE	10551 Billbrook Pl			
	ADDRESS	Payee City*		Payee State*	Payee Zip Code*
		Austin		ТХ	78748-2430
3		Category*		(\$) Expenditure A	mount*
	EXPENDITURE	Salaries/Wages/Contract labor		\$3,851.15	
	DETAILS	Description (If Category is "Other")		Expenditure Date	*
				20161115	

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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Payee is an individual	Organization Name or Payee Last Name, as applicable* Home Depot			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	3600 W Interstate 35			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78704-7419	
3	Category*	(\$) Expenditure A	Amount*	
EXPENDITURE	Office Overhead/Rental Expense	\$155.60		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
		20161109		

Candidate Last Name of Pallot Measure	e til vær var	Candidate Last Name or Ballot Measure Candidate First Name Office Sought Office Held				
Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)			
upport City of Austin Prop 1						
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1 PAYEE	Payee Title Payee First Name*	
PAILE	Alexander	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Anstead	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	4600 W Guadalupe St, Apt B141	Toyet Apartment of Suite Hamsel
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78751-2956
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$200.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161202
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1 PAYEE	Payee Title Payee First Name* Angelina	
NAME	Organization Name or Payee Last Name, as applicable *	Payee Suffix
Payee is an individual	LaPerla	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	8804 Tallwood Dr, Apt 35	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
·	Austin	TX 78759-7553
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,040.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161111

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE NAME	Payee Title Payee First Name* Angelina Organization Name or Payee Last Name, as applicable* Payee Suffix		
Payee is an individual	LaPerla		
2	Payee Address/ PO Box*	Payee Apartme	nt or Suite Number
PAYEE	8804 Tallwood Dr, Apt 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78759-7553
3	Category*	(\$) Expenditure	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$300.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
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Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE NAME Payee is an individual	Payee Title Payee First Name* Avery Organization Name or Payee Last Name, as applicable* Lundy	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 7709 Kiva Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78749-2917
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$690.00 Expenditure Date* 20161111

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE NAME	Payee Title Payee First Name* Avery Organization Name or Payee Last Name, as applicable* Payee Suffix Lundy		
Payee is an individual			
PAYEE ADDRESS	Payee Address/ PO Box* 7709 Kiva Payee City* Austin	Payee Apartmen Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$200.00 Expenditure Date* 20161202	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *		
Payee is an individual	Black Sheep Lodge]	
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2108 S Lamar Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78704-4993
	Category*	(\$) Expenditure A	.mount*
EXPENDITURE	Food/Beverage Expense	\$87.48	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161110	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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	Payee Title Payee First Name*		
PAYEE	Christian		
NAME	Organization Name or Payee Last Name, as applicable * Payee Suffix Smith		•
Payee is an individual			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	4612 Caswell		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
·	Austin	TX	78751-3352
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,500.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161111	

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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1	Payee Title Payee First Name*		
PAYEE	Christian		
NAME	Organization Name or Payee Last Name, as applicable * Payee Suffix		
Payee is an individual	Smith		
2	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	4612 Caswell		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78751-3352
3	Category*	(\$) Expenditure Am	nount*
EXPENDITURE	Salaries/Wages/Contract labor	\$2,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161202	
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Candidate Last Name or Ballot Measure Supported/Opposed *	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE	Payee Title Payee First Name* Daniel		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Chilton		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1309 Webberville Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78721-1404
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$180.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	k
		20161111	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE NAME ☑ Payee is an individual	Payee Title Payee First Name* David Organization Name or Payee Last Name, as applicable* Bristow	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 1200 Garden St Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78702-5323
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$1,490.00 Expenditure Date* 20161111

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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1 PAYEE NAME	Payee Title Payee First Name* David Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Bristow	
2 PAYEE	Payee Address/ PO Box* 1200 Garden St	Payee Apartment or Suite Number
ADDRESS	Payee City* Austin	Payee State* Payee Zip Code* TX 78702-5323
3 EXPENDITURE	Category* Salaries/Wages/Contract labor	(\$) Expenditure Amount* \$300.00
DETAILS	Description (If Category is "Other")	Expenditure Date* 20161202

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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1 PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Butts		
2	Payee Address/ PO Box*	Payee Apartmer	nt or Suite Number
PAYEE	1914 Patton Ln		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78723-1236
3	Category*	(\$) Expenditure	Amount*
EXPENDITURE	Consulting Expense	\$5,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Dat	te*
		20161111	

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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PAYEE NAME Payee is an individual	Payee Title Payee First Name* David Organization Name or Payee Last Name, as applicable* Butts	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 1914 Patton Ln Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78723-1236
3 EXPENDITURE DETAILS	Category* Consulting Expense Description (If Category is "Other")	(\$) Expenditure Amount* \$2,000.00 Expenditure Date* 20161202

Condidate Last Name or Pallot Measure	Candidate Last Name or Ballot Measure Candidate First Name Office Sought Office Held			
Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	(if applicable)	
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support City of Austin Prop 1				
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1 PAYEE	Payee Title Payee First Name* David		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Chincanchan		
2	Payee Address/ PO Box*	Payee Apartme	nt or Suite Number
PAYEE	4908 Parell Path		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78744-3808
3	Category*	(\$) Expenditure	· Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,757.19	
DETAILS	Description (If Category is "Other")	Expenditure Da	te*
		20161115	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable).
upport City of Austin Prop 1			
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	Payee Title Payee First Name*	
PAYEE	David	·
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Chincanchan	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	4908 Parell Path	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78744-3808
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$2,935.82
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161205

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Frost Bank		
2			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	401 Congress Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78701-3793
3			
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Accounting/Banking	\$5.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161130	
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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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	GNI Consulting		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	P.O. Box 3685008		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78701
3	Category*	(\$) Expenditure A	
EXPENDITURE	Consulting Expense	\$1,823.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161109	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	GNI Consulting		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	P.O. Box 3685008		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78701
3	Category*	(\$) Expenditure A	······································
EXPENDITURE	Consulting Expense	\$1,560.00	·
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161112	

Candidate Last Name or Ballot Measure Supported/Opposed*	· Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE		
NAME		
	Organization Name or Payee Last Name, as applicable*	٦
Payee is an individual	GNI Consulting]
2		
	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	P.O. Box 3685008	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78701
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Consulting Expense	\$1,000.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161202
		

Identify each candidate or ballot meas			T -
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name [®] (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *		
Payee is an individual	Intuit		
2	Payee Address/ PO Box*	Payee Apartment or	r Suite Number
PAYEE	2632 Marine Way, MS 2675		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
3	Category*	(\$) Expenditure Am	oount*
EXPENDITURE	Accounting/Banking	\$20.79	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161109	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
support City of Austin Prop 1	· · · · · · · · · · · · · · · · · · ·		
			



PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Intuit		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2632 Marine Way, MS 2675		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Accounting/Banking	\$29.32	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161110	

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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PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable*		•
PAYEE ADDRESS	Payee Address/ PO Box* 2632 Marine Way, MS 2675 Payee City* Mountain View	Payee Apartment Payee State* CA	or Suite Number Payee Zip Code* 94043-1126
3 EXPENDITURE DETAILS	Category* Accounting/Banking Description (If Category is "Other")	(\$) Expenditure Amount* \$20.79 Expenditure Date* 20161207	

Candidate Last Name or Ballot Measure	Candidata Eiret Nama	Office Sought	Office Hold
	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
Support City of Austin Prop 1			



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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Intuit		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2632 Marine Way, MS 2675		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Accounting/Banking	\$20.79	
DETAILS	Description (If Category is "Other")	Expenditure Date [*]	*
		20161207	
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Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
upport City of Austin Prop 1			
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PAYEE	·		
NAME	Organization Name or Payee Last Name, as applicable *	_	
Payee is an individual	Intuit		
2			
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2632 Marine Way, MS 2675		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountain View	CA	94043-1126
3	<u> </u>	<u>.</u>	<u> </u>
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Accounting/Banking	\$29.32	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161207	

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			



1	Payee Title Payee First Name*	
PAYEE	James	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	McKinney	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	6917 Langston Dr	,
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78723-2219
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,500.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161111

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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1 PAYEE	Payee Title Payee First Name*	
NAME	Organization Name or Payee Last Name, as applicable *	Payee Suffix
Payee is an individual	Wick	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	10551 Billbrook Pl	
ADDRESS	Payee City*	Payee State * Payee Zip Code *
	Austin	TX 78748-2430
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$4,524.65
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161205

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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1 PAYEE NAME ☑ Payee is an individual	Payee Title Payee First Name* Katherine Organization Name or Payee Last Name, as applicable* Wehler	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 1144 Eleanor St Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78721-2116
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$1,076.19 Expenditure Date* 20161115

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE NAME	Payee Title Payee First Name* Katherine Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Wehler	Tayee Sumx
2 PAYEE	Payee Address/ PO Box* 1144 Eleanor St	Payee Apartment or Suite Number
ADDRESS	Payee City* Austin	Payee State* Payee Zip Code* TX 78721-2116
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$882.82 Expenditure Date* 20161205

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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1	Payee Title Payee First Name*		
PAYEE	Kimie		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Warren		
2	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	4501 E Riverside Dr	Apt 3028	
ADDRESS	Payee City*	Payee State* Payee Zip Code*	
	Austin	TX 78741-4783	
3	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$360.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
•		20161109	

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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1	Payee Title	Payee First Name*		
PAYEE		Laura		
NAME	Organization Na	me or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Hernandez			
2				
	Payee Address/	PO Box*	Payee Apartment of	or Suite Number
PAYEE	2408 Manor Rd,	Apt 108		
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		тх	78722-2042
3	· - -			
	Category*		(\$) Expenditure Ar	mount*
EXPENDITURE	Salaries/Wages/	Contract labor	\$4,103.52	
DETAILS	Description (If C	ategory is "Other")	Expenditure Date*	•
			20161205	
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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)
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PAYEE			
NAME			
TVAIVIC	Organization Name or Payee Last Name, as applicable *	_	
Payee is an individual	Lavaca Street Bar		
54455	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	405 Lavaca St		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78701-2927
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Food/Beverage Expense	\$1,491.75	
	Lood/ Beverage Expense	\$1,491.73	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	· · · · · · · · · · · · · · · · · · ·	20161114	•

Contribute for Alleger or Bellion Advances				
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
υρροrt City of Austin Prop 1				
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Lavaca Street Bar		
	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	405 Lavaca St		
ADDRESS	Payee City*	Payee State* Payee Zip Code*	
	Austin	TX 78701-2927	
.	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Food/Beverage Expense	\$115.50	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161114	
	NAME Payee is an individual PAYEE ADDRESS EXPENDITURE	NAME Organization Name or Payee Last Name, as applicable* Lavaca Street Bar Payee Address/ PO Box* 405 Lavaca St Payee City* Austin Category* Food/Beverage Expense	NAME Payee is an individual Cavaca Street Bar

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
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	Candidate First Name	Candidate First Name Office Sought	



PAYEE NAME	Payee Title Payee First Name* Michael Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Balot	
· <u> </u>	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	2608B Carnarvon Ln	
ADDRESS	Payee City*-	Payee State* Payee Zip Code*
	Austin .	TX 78704-5602
	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$570.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161111

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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1 PAYEE NAME	Payee Title Payee First Nam Michael Organization Name or Payee Last Na		
Payee is an individual	Balot		
PAYEE ADDRESS	Payee Address/ PO Box* 2608B Carnarvon Ln Payee City* Austin	Payee Apartme Payee State*	Payee Zip Code* 78704-5602
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditur \$350.00 Expenditure Da 20161202	

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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	Payee Title Payee First Name*		
PAYEE	Michael		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Gramberg		
	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	8810 Tallwood, Apt 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78759-7572
	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,265.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	· · ·
		20161111	

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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1 PAYEE	Payee Title Payee First Name * Michael		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Gramberg		
2	Payee Address/ PO Box*	Payee Apartme	nt or Suite Number
PAYEE	8810 Tallwood, Apt 35		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78759-7572
3	Category*	(\$) Expenditure	· Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$300.00	
DETAILS	Description (If Category is "Other")	Expenditure Da	te*
		20161202	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	NGP VAN]	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1101 15th St NW, Ste 500		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
<i>:</i>	Washington	DC	20005-5006
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Solicitation/Fundraising Expense	\$196.62	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161129	

pport City of Austin Prop 1		(if applicable)
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PAYEE	Payee Title Payee First Name* Patrick	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	McDonald	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	115 Coleman St	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78704-6317
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,750.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161111

Candidate Last Name or Ballot Measure	Caradidata Sirat Narra	055	
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE	Payee Title Payee First Name* Patrick		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	McDonald		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	115 Coleman St		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78704-6317
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$3,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161202	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1		·	
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1 PAYEE NAME	Payee Title Payee First Name* Quianna Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Canada		
PAYEE ADDRESS	Payee Address/ PO Box* 6604 Bourg Cv Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78744-5331	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$1,125.00 Expenditure Date* 20161111	

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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1 PAYEE	Payee Title	Payee First Name*		
NAME	Organization N	ame or Payee Last Name, as applicable *	Payee Suffix	
Payee is an individual	Canada			
2	Payee Address/	/ PO Box*	Payee Apartment	or Suite Number
PAYEE	6604 Bourg Cv			
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
•	Austin		ΤX	78744-5331
3	Category*		(\$) Expenditure A	\mount*
EXPENDITURE	Salaries/Wages	:/Contract labor	\$300.00	
DETAILS	Description (If (Category is "Other")	Expenditure Date	*
			20161202	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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1 PAYEE		-	
NAME Payee is an individual	Organization Name or Payee Last Name, as applicable*]	
2 PAYEE	Payee Address/ PO Box* 1214 W 5th, Ste C	Payee Apartment	or Suite Number
ADDRESS	Payee City* Austin	Payee State*	Payee Zip Code* 78703-5274
3 EXPENDITURE DETAILS	Category* Consulting Expense Description (If Category is "Other")	(\$) Expenditure A \$20,000.00 Expenditure Date 20161111	

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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PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Rosshirt		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2713 Windswept Cv	Apt 101	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78745-1408
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,125.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161111	

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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1 PAYEE NAME	Payee Title Payee First Name* Ryan Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Rosshirt		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2713 Windswept Cv	Apt 101	•
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78745-1408
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$400.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161202	
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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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Organization Name or Payee Last Name, as applicable*	
Sage Payment Solutions]
Payee Address/ PO Box*	Payee Apartment or Suite Number
12120 Sunset Hills Rd, Ste 500	
Payee City*	Payee State* Payee Zip Code*
Reston	VA 20190-5858
Category*	(\$) Expenditure Amount*
Solicitation/Fundraising Expense	\$179.97
Description (If Category is "Other")	Expenditure Date*
	20161202
	Sage Payment Solutions Payee Address/ PO Box* 12120 Sunset Hills Rd, Ste 500 Payee City* Reston Category* Solicitation/Fundraising Expense

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *		
Payee is an individual	Time Warner Cable] ,	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1 Time Warner Ctr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	New York City	NY	10019-6038
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Office Overhead/Rental Expense	\$313.45	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161130	· · · · · · · · · · · · · · · · · · ·

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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PAYEE	·		
NAME	Organization Name or Payee Last Name, as applicable*	æ	
Payee is an individual	Turf N' Surf		
2	Payee Address/ PO Box*	Payee Apartment of	or Suite Number
PAYEE	407 Lavaca St		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78701-2927
3	Category*	(\$) Expenditure Ar	mount*
EXPENDITURE	Food/Beverage Expense	\$333.84	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161110	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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EXPENDITURE DETAILS	Food/Beverage Expense Description (If Category is "Other")	\$49.80 Expenditure Date	
3	Category*	(\$) Expenditure A	·mount*
	Austin	ТХ	78701-2927
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
PAYEE	Payee Address/ PO Box* 407 Lavaca St	Payee Apartment	or Suite Number
<u>.</u> 2	•	<u> </u>	
Payee is an individual	Turf N' Surf]	
NAME	© Organization Name or Payee Last Name, as applicable *		
PAYEE			
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Candidate Last Name or Ballot Measure Candidate First Name Office Sought Office Held			
Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable *	_	
Payee is an individual	United States Treasury		•
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	EFTPS	1500 Pennsylvania Ave, N. W.	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Washington	DC	20220-001
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$6,950.15	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161114	

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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PAYEE	·			
NAME	Organization Name or Payee Last Name, as applicable *			
Payee is an individual	United States Treasury			
2	Payee Address/ PO Box*	Payee Apartment	ar Suite Number	_
PAYEE	EFTPS	1500 Pennsylvania Ave, N. W.		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	_
	Washington	DC	20220-0001	
3	Category*	(\$) Expenditure A	·mount*	_
EXPENDITURE	Salaries/Wages/Contract labor	\$5,326.69		1
DETAILS	Description (If Category is "Other")	Expenditure Date*		
		20161214		
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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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	United States Treasury		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	EFTPS	1500 Pennsylvania Ave, N. W.	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Washington	DC	20220-0001
3	Category*	(\$) Expenditure A	\mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$5,315.44	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161212	

Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
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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.
CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor City* Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Another Contribution Page

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