



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
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2016 SEP 14 PM 3 04

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<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Austin Forward PAC (aka Move Austin Forward)</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>P.O. Box 302854 </p> <p>City* State* Zip Code*</p> <p>Austin TX 78703</p>
<p>3</p> <p>COMMITTEE TREASURER NAME</p> <p>(if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Ms. Laura </p> <p>Last Name Suffix</p> <p>Hernandez </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS</p> <p>(if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p>710 Colorado Street #6C</p> <p>City State Zip Code</p> <p>Austin TX 78701</p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20160914</p>

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 9/14/16

[Handwritten 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

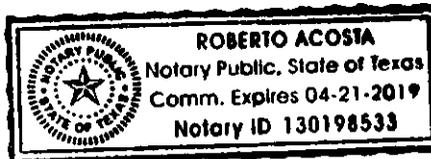
On the 14TH day of SEPTEMBER, 2016, to certify which witness my hand and official seal.

[Handwritten Signature]

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Jeff"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Coddington"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 5002"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78761-5002"/> Contributor Employer* Contributor Occupation* <input type="text" value="Jones Lang LaSalle"/> <input type="text" value="Executive"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160901"/> <input type="text" value="\$500.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Tony"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Budet"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 29205"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78755-6205"/> Contributor Employer* Contributor Occupation* <input type="text" value="UFCU"/> <input type="text" value="Business"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160901"/> <input type="text" value="\$5,000.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Kristina"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Baehr"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="300 W 6th St"/> <input type="text" value="Suite 700"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701-3941"/> Contributor Employer* Contributor Occupation* <input type="text" value="McKool Smith PC"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160901"/> <input type="text" value="\$300.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="KC"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Willis"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3103 Honey Tree Ln"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-6723"/> Contributor Employer* Contributor Occupation* <input type="text" value="KC Willis Companies, LLC"/> <input type="text" value="Land/Cattle/Real Estate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160901"/> <input type="text" value="\$500.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Terry"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Irion"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="701 S. Taylor St"/> <input type="text" value="Suite 500"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Amarillo"/> <input type="text" value="TX"/> <input type="text" value="79101-2424"/> Contributor Employer* Contributor Occupation* <input type="text" value="Sprouse Shrader Smith"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160901"/> <input type="text" value="\$500.00"/>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* 3423 Holdings LLC (Inkind Donation)
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 507 Calles St Contributor Apartment or Suite Number Suite 105 Contributor City* Austin Contributor State* TX Contributor Zip Code* 78702-3954 Contributor Employer* N/A Contributor Occupation* Landlord
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160901 (\$) Contribution Amount* \$1,800.00



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Terry"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Bray"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="401 Congress Ave"/> <input type="text" value="Suite 2200"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701-3790"/> Contributor Employer* Contributor Occupation* <input type="text" value="Graves Dougherty"/> <input type="text" value="Lawyer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160902"/> <input type="text" value="\$200.00"/>



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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* Central National Bank		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 2525	Contributor Apartment or Suite Number	
	Contributor City* Waco	Contributor State* TX	Contributor Zip Code* 76702-2525
	Contributor Employer* N/A	Contributor Occupation* Banking	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160903	(\$) Contribution Amount* \$1,000.00	



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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* <input type="text" value="Stratus Properties"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="212 Lavaca St"/></td> <td colspan="2"><input type="text" value="Suite 300"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78701-3955"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="N/A"/></td> <td colspan="2"><input type="text" value="Real Estate"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="212 Lavaca St"/>	<input type="text" value="Suite 300"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701-3955"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="N/A"/>	<input type="text" value="Real Estate"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="212 Lavaca St"/>	<input type="text" value="Suite 300"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701-3955"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A"/>	<input type="text" value="Real Estate"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20160903"/></td> <td><input type="text" value="\$10,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160903"/>	<input type="text" value="\$10,000.00"/>														
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<input type="text" value="20160903"/>	<input type="text" value="\$10,000.00"/>																		



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Centro Development LLC"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2905 San Gabriel St"/>	Contributor Apartment or Suite Number <input type="text" value="Suite 207"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78705-3539"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="Real Estate"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160903"/>		(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="John-Michael"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Cortez"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="2401 Moreno St"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78723-2906"/> Contributor Employer* Contributor Occupation* <input type="text" value="Office of Mayor Steve Adler"/> <input type="text" value="Special Assistant"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160905"/> <input type="text" value="\$200.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Andrew"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Cantu"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="601 Long Bow Ln"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-5632"/> Contributor Employer* Contributor Occupation* <input type="text" value="Austin Chamber of Commerce"/> <input type="text" value="Regional Mobility Director"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$100.00"/>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="McGinnis Lochridge"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="600 Congress Ave"/></td> <td colspan="2"><input type="text" value="Suite 2100"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78701-2986"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="N/A"/></td> <td colspan="2"><input type="text" value="Law Firm"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="600 Congress Ave"/>	<input type="text" value="Suite 2100"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701-2986"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="N/A"/>	<input type="text" value="Law Firm"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="600 Congress Ave"/>	<input type="text" value="Suite 2100"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701-2986"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A"/>	<input type="text" value="Law Firm"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20160906"/></td> <td><input type="text" value="\$500.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160906"/>	<input type="text" value="\$500.00"/>														
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="The Sutton Company"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="111 Congress Ave"/>	Contributor Apartment or Suite Number <input type="text" value="Suite G190"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78701-4200"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="Real Estate"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160906"/>	(\$) Contribution Amount* <input type="text" value="\$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* <input type="text" value="Jackson Walker"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="2323 Ross Ave"/></td> <td colspan="2"><input type="text" value="Suite 600"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Dallas"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="75201-2725"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="N/A"/></td> <td colspan="2"><input type="text" value="Law Firm"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="2323 Ross Ave"/>	<input type="text" value="Suite 600"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201-2725"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="N/A"/>	<input type="text" value="Law Firm"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="2323 Ross Ave"/>	<input type="text" value="Suite 600"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201-2725"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A"/>	<input type="text" value="Law Firm"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20160906"/></td> <td><input type="text" value="\$5,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160906"/>	<input type="text" value="\$5,000.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20160906"/>	<input type="text" value="\$5,000.00"/>																		



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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.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Deanna"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Rankin"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="6202 Skahan Ln"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78739-1686"/> Contributor Employer* Contributor Occupation* <input type="text" value="Merrill Lynch"/> <input type="text" value="Financial Services"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$50.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Elliott"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="McFadden"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="400 W Saint Elmo Rd"/> <input type="text" value="Apt 109"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78745-3303"/> Contributor Employer* Contributor Occupation* <input type="text" value="Bike Share of Austin"/> <input type="text" value="Executive Director"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$100.00"/>



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.

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="David"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Sullivan"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1710 Waterston Ave"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3937"/> Contributor Employer* Contributor Occupation* <input type="text" value="University of Texas at Austin"/> <input type="text" value="Research Associate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$100.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Greg"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Anderson"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3625 S 1st St"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-6900"/> Contributor Employer* Contributor Occupation* <input type="text" value="Austin Habitat for Humanity"/> <input type="text" value="Director of Operations"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$53.00"/>



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	Contributor Title		Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual			Ashley	
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		Kegley-Whitehead			
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		1186 Ridgeway Dr			
		Contributor City*		Contributor State*	Contributor Zip Code*
		Austin		TX	78702-2523
		Contributor Employer*		Contributor Occupation*	
		Buie & Co.		Public Relations	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		20160906		\$50.00	



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Kelley"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Hughes"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1524 S. Interstate 35"/> <input type="text" value="Suite 365"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-2670"/> Contributor Employer* Contributor Occupation* <input type="text" value="Canvas Properties"/> <input type="text" value="Realtor"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$40.00"/>



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.

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Caroline"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Pavlinik"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4701 Tello Path"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78749-1135"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self"/> <input type="text" value="Sales/Marketing"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160906"/> <input type="text" value="\$50.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* <input type="text" value="Sheryl Cole & Associates LLC"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4101 Wildwood Rd"/>	Contributor Apartment or Suite Number <input type="text"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78722-1121"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="Law Firm"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160906"/>		(\$) Contribution Amount* <input type="text" value="\$100.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* <input type="text" value="Sabino Renteria Campaign"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="1511 Haskell St"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78702-5311"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="N/A"/></td> <td colspan="2"><input type="text" value="Campaign"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="1511 Haskell St"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78702-5311"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="N/A"/>	<input type="text" value="Campaign"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="1511 Haskell St"/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78702-5311"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text" value="N/A"/>	<input type="text" value="Campaign"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20160906"/></td> <td><input type="text" value="\$75.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160906"/>	<input type="text" value="\$75.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20160906"/>	<input type="text" value="\$75.00"/>																		



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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* <input type="text" value="K Friese & Associates, Inc."/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1120 S. Capital of Texas Hwy"/>	Contributor Apartment or Suite Number <input type="text" value="Cityview 2, Suite 100 -"/>	
	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78746-6464"/>
	Contributor Employer* <input type="text" value="N/A"/>	Contributor Occupation* <input type="text" value="Civil Engineering"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160906"/>		(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Richard"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Dominguez"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 7001"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78713-7001"/> Contributor Employer* Contributor Occupation* <input type="text" value="RMD Strategy LLC"/> <input type="text" value="Principal"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160907"/> <input type="text" value="\$20.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Scott"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Moorhead"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4513 Rowood Rd"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78722-1038"/> Contributor Employer* Contributor Occupation* <input type="text" value="Woods Prairie LLC"/> <input type="text" value="Consultant"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160907"/> <input type="text" value="\$500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*
		<input type="text"/>	<input type="text" value="Flannery"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Bope"/>	<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		<input type="text" value="1512 Holstein Dr."/>	<input type="text" value="Apt 815"/>
		Contributor City*	Contributor State* Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/> <input type="text" value="78758-3643"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="Austin American-Statesman"/>	<input type="text" value="Audience Engagement Manager"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20160907"/>	<input type="text" value="\$25.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Elizabeth"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Christian"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="7629 Rockpoint Dr"/> <input type="text" value="Suite 1505"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-1438"/> Contributor Employer* Contributor Occupation* <input type="text" value="Elizabeth Christian Public Relations LLC"/> <input type="text" value="Public Relations Consultant"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160908"/> <input type="text" value="\$500.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="David"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Goodman"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4300 Tallowood Dr."/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-1224"/> Contributor Employer* Contributor Occupation* <input type="text" value="Law Office of David Goodman"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160909"/> <input type="text" value="\$750.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Contribution

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="David"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Kuperman"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="10820 Straw Flower Dr"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78733-5749"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self Employed"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160910"/> <input type="text" value="\$250.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* David Organization Name or Contributor Last Name, as applicable* Falk Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8101 Forest Mesa Dr Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78759-8713 Contributor Employer* State of Texas Contributor Occupation* Director
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160910 (\$) Contribution Amount* \$10.00



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="John"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Holmes"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="6000 Lonesome Valley Trl"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731-3748"/> Contributor Employer* Contributor Occupation* <input type="text" value="Forcepoint LLC"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="John"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="King"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1417 Dwyce Dr"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78757-2515"/> Contributor Employer* Contributor Occupation* <input type="text" value="Spark Cognition"/> <input type="text" value="Marketing"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$25.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Jeff"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Hahn"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="6700 Hot Springs Dr"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78749-4003"/> Contributor Employer* Contributor Occupation* <input type="text" value="Hahn Public Communications"/> <input type="text" value="Public Relations"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$1,000.00"/>



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.

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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	Contributor Title Contributor First Name* Brett Organization Name or Contributor Last Name, as applicable* Denton Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 12 Chapin Ln Contributor City* Austin Contributor Employer* Ardent Residential Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78746-2542 Contributor Occupation* Real Estate Developer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160912 (\$) Contribution Amount* \$250.00



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Ben"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Bentzin"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="2305 Windsor Rd"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-3116"/> Contributor Employer* Contributor Occupation* <input type="text" value="UT Austin-McCombs School of Business"/> <input type="text" value="Professor"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$100.00"/>



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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Drew"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Duncan"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1911 Calle Caliche"/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text" value="RGM"/> Contributor Apartment or Suite Number <input type="text"/> Contributor State* <input type="text" value="TX"/> Contributor Zip Code* <input type="text" value="78733-2101"/> Contributor Occupation* <input type="text" value="Finance"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160912"/> (\$) Contribution Amount* <input type="text" value="\$500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Neel"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="White"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4220 River Garden Trl"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-2011"/> Contributor Employer* Contributor Occupation* <input type="text" value="White Construction Company"/> <input type="text" value="Chief Executive Officer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$1,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Sandra"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Hicks"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3001 Bonnie Rd"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-2807"/> Contributor Employer* Contributor Occupation* <input type="text" value="Hicks & Company"/> <input type="text" value="Environmental Consultant"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Kevin"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Burns"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="801 W 5th St"/> <input type="text" value="Suite 100"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-5405"/> Contributor Employer* Contributor Occupation* <input type="text" value="urbanspace"/> <input type="text" value="Real Estate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$1,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Bret"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Kadison"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1504 Brackenridge St"/> <input type="text" value="Suite I-220"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78704-2431"/> Contributor Employer* Contributor Occupation* <input type="text" value="Brazos Resources"/> <input type="text" value="Chairman of the Board"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160912"/> <input type="text" value="\$100.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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	Contributor Title Contributor First Name* <input type="text"/> Paul Organization Name or Contributor Last Name, as applicable* Contributor Suffix Trylko <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number 1405 Pear Ct <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* Pflugerville TX 78660-5809 Contributor Employer* Contributor Occupation* Amplify FCU Executive
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* 20160913 \$100.00



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="H. M. (Mac)"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Pike"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="101 Colorado St"/> <input type="text" value="Apt 3402"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701-4462"/> Contributor Employer* Contributor Occupation* <input type="text" value="The Sutton Company"/> <input type="text" value="Real Estate Developer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$1,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Kerry"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Hall"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="98 San Jacinto Blvd"/> <input type="text" value="Suite 200"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701-4257"/> Contributor Employer* Contributor Occupation* <input type="text" value="Texas Capital Bank"/> <input type="text" value="President"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1
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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Michael"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Klein"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="600 N. Marienfeld St"/> <input type="text" value="Suite 906"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Midland"/> <input type="text" value="TX"/> <input type="text" value="79701-3363"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self Employed"/> <input type="text" value="Investor"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$10,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Hughes"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Abell"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1102 Enfield Rd"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703-4128"/> Contributor Employer* Contributor Occupation* <input type="text" value="Llano Partners, Ltd."/> <input type="text" value="General Partner"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$2,500.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1
(Previously Independent Expenditures not by a Candidate)

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Raymond"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Chan"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4319 James Casey St"/> <input type="text" value="Suite 300"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78745-1189"/> Contributor Employer* Contributor Occupation* <input type="text" value="Chan & Partners Engineering, LLC"/> <input type="text" value="Engineer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$2,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Channy"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Soeur"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="7908 Cameron Rd"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78754-3850"/> Contributor Employer* Contributor Occupation* <input type="text" value="CAS Consulting & Services, Inc."/> <input type="text" value="Engineer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160913"/> <input type="text" value="\$5,000.00"/>



Report Of Direct Campaign Expenditures: Schedule ATX.1

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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	Contributor Title Contributor First Name* Sung Organization Name or Contributor Last Name, as applicable* Kang Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5903 Pecanwood Ln Contributor City* Austin Contributor Employer* NWL Insurance Company Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78749-3539 Contributor Occupation* Software Engineer
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160913 (\$) Contribution Amount* \$25.00



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	Contributor Title	Contributor First Name*
		<input type="text" value="not used"/>	<input type="text" value="not used"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="not used"/>	<input type="text" value=""/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		<input type="text" value="not used"/>	<input type="text" value=""/>
		Contributor City*	Contributor State* Contributor Zip Code*
		<input type="text" value="not used"/>	<input type="text" value="TX"/> <input type="text" value="not used"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="not used"/>	<input type="text" value="not used"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20160913"/>	<input type="text" value="\$0.00"/>

[Add Another Contribution Page](#)