



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 SEP 26 PM 3 28

<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 (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 (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>20160922</p>

* Indicates a required field



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(Previously Independent Expenditures not by a Candidate)

6 AFFIDAVIT

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

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

DATE: 9/26/16

[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

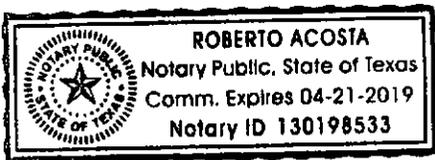
On the 26th day of SEPTEMBER, 2016, to certify which witness my hand and official seal.

[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*	
		James	
	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Susman		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	828 W 6th	Ste 300	
	Contributor City*	Contributor State*	Contributor Zip Code*
	Austin	TX	78703-5469
	Contributor Employer*	Contributor Occupation*	
	STG Design	Architect	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	20160921	\$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="Robert"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Baldwin"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 1526"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78767-1526"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self Employed"/> <input type="text" value="Self Employed"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160921"/> <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="Parsons Brinkerhoff, Inc."/>												
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Contributor Address/ PO Box*</td> <td style="width: 40%; border-bottom: 1px solid black;">Contributor Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">1 Penn Plaza</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Contributor City*</td> <td style="border-bottom: 1px solid black;">Contributor State* Contributor Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">New York City</td> <td style="border-bottom: 1px solid black;">NY 10119-0002</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Contributor Employer*</td> <td style="border-bottom: 1px solid black;">Contributor Occupation*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	1 Penn Plaza		Contributor City*	Contributor State* Contributor Zip Code*	New York City	NY 10119-0002	Contributor Employer*	Contributor Occupation*		
Contributor Address/ PO Box*	Contributor Apartment or Suite Number												
1 Penn Plaza													
Contributor City*	Contributor State* Contributor Zip Code*												
New York City	NY 10119-0002												
Contributor Employer*	Contributor Occupation*												
3 CONTRIBUTION DETAILS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Contribution Date (yyyymmdd)*</td> <td style="width: 40%; border-bottom: 1px solid black;">(\$) Contribution Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">20160922</td> <td style="border-bottom: 1px solid black;">\$2,500.00</td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160922	\$2,500.00								
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*												
20160922	\$2,500.00												

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Pape-Dawson Engineers				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2000 NW Loop 410	Contributor Apartment or Suite Number	Contributor State* TX	Contributor Zip Code* 78213-2251	
3 CONTRIBUTION DETAILS	Contributor City* San Antonio	Contributor Employer*	Contributor Occupation*	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* \$2,500.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Jose I Guerra, Inc.
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2401 S Interstate 35 Contributor City* Austin Contributor Employer* Contributor Apartment or Suite Number Ste 210 Contributor State* TX Contributor Zip Code* 78741-3823 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922 (\$) 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* Brown & Gay Engineers, Inc.
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 10777 Westheimer Rd Contributor City* Houston Contributor Employer* Contributor Apartment or Suite Number Ste 400 Contributor State* TX Contributor Zip Code* 77042-3475 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922 (\$) Contribution Amount* \$5,000.00

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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* Brinkley & Barfield
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1710 Seamist Dr. Contributor City* Houston Contributor Employer* Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 77008-3119 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20150922 (\$) Contribution Amount* \$4,000.00

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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="The Rios Group"/>																		
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="7400 Sand 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="Fort Worth"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="76118-6921"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="7400 Sand St"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Fort Worth"/>	<input type="text" value="TX"/>	<input type="text" value="76118-6921"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="7400 Sand St"/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Fort Worth"/>	<input type="text" value="TX"/>	<input type="text" value="76118-6921"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text"/>	<input type="text"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20160922"/></td> <td><input type="text" value="\$500.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160922"/>	<input type="text" value="\$500.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20160922"/>	<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="LIA Engineering, Inc."/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2929 Briarpark Dr"/> Contributor City* <input type="text" value="Houston"/> Contributor Employer* <input type="text"/> Contributor Apartment or Suite Number <input type="text" value="Ste 600"/> Contributor State* <input type="text" value="TX"/> Contributor Occupation* <input type="text"/> Contributor Zip Code* <input type="text" value="77042-3768"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160922"/> (\$) Contribution Amount* <input type="text" value="\$5,000.00"/>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * <input type="text" value="Garver, LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4701 Northshore Dr"/> Contributor City* <input type="text" value="North Little Rock"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/> Contributor State* Contributor Zip Code* <input type="text" value="AR"/> <input type="text" value="72118-5325"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160922"/>	(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>

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1		
CONTRIBUTOR NAME		
<input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	
	CobbFendley	
2		
CONTRIBUTOR ADDRESS AND EMPLOYER		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	13430 Northwest Fwy	Ste 1100
	Contributor City*	Contributor State* Contributor Zip Code*
	Houston	TX 77040-6153
	Contributor Employer*	Contributor Occupation*
3		
CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
	20160922	\$5,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Burns & McDonnell Engineering Co., Inc.
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * PO Box 419173 Contributor Apartment or Suite Number Contributor City * Kansas City Contributor State * MO Contributor Zip Code * 64141-6173 Contributor Employer * Contributor Occupation *
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160922 (\$) Contribution Amount * \$5,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Freese and Nichols, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4055 International Plz Contributor City* Fort Worth Contributor Employer*	Contributor Apartment or Suite Number Ste 200 Contributor State* TX Contributor Zip Code* 76109-4814 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* \$2,000.00

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1	CONTRIBUTOR NAME	Contributor Title		Contributor First Name*	
		<input type="text"/>	<input type="text" value="Patrick"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Rose"/>	<input type="text"/>		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="730 Belvin St"/>		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		<input type="text" value="San Marcos"/>		<input type="text" value="TX"/>	<input type="text" value="78666-4302"/>
		Contributor Employer*		Contributor Occupation*	
		<input type="text" value="Corridor Title"/>		<input type="text" value="Real Estate / Title Insurance"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		<input type="text" value="20160923"/>		<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* Brandywine Realty Trust	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 111 Congress Ave Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Ste 3000 Contributor State* TX Contributor Zip Code* 78701-4099 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160923	(\$) Contribution Amount* \$10,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Eric"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Taube"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="2201 Four Oaks 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="78704-4626"/> Contributor Employer* Contributor Occupation* <input type="text" value="Self/Waller"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* { \$ } Contribution Amount* <input type="text" value="20160923"/> <input type="text" value="\$2,500.00"/>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* McLean & Howard L.L.P.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 901 So MoPac Expy Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Bldg 2; Suite 225 Contributor State* TX Contributor Zip Code* 78746-5776 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160925	(\$) Contribution Amount* \$3,000.00

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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="Cielo Property Services LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="823 Congress Ave"/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Sye 600"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78701-2647"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160925"/>	(\$) Contribution Amount* <input type="text" value="\$2,500.00"/>

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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="Cielo Property Group LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="823 Congress Ave"/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Ste 600"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78701-2647"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160925"/>	(\$) Contribution Amount* <input type="text" value="\$2,500.00"/>

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Contribution

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Daniel"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Graham"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="9309 Leaning Rock Cir"/> 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="78730-2731"/> Contributor Employer* <input type="text" value="Build a Sign"/> Contributor Occupation* <input type="text" value="Executive"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160925"/> (\$) Contribution Amount* <input type="text" value="\$2,500.00"/>

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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="Moreland Properties, Inc."/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1005 Ranch Rd 620 S"/>	Contributor Apartment or Suite Number <input type="text"/>
	Contributor City* <input type="text" value="Lakeway"/>	Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78734-5603"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160925"/>	(\$) Contribution Amount* <input type="text" value="\$2,500.00"/>

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<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input type="checkbox"/> Contributor is an individual</p>	<p>Organization Name or Contributor Last Name, as applicable *</p> <p>Associated General Contractors, Austin Chapter</p>																		
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<table border="1"> <tr> <td>Contributor Address/ PO Box *</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td>609 S Lamar Blvd</td> <td colspan="2"></td> </tr> <tr> <td>Contributor City *</td> <td>Contributor State *</td> <td>Contributor Zip Code *</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78704-1505</td> </tr> <tr> <td>Contributor Employer *</td> <td colspan="2">Contributor Occupation *</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	Contributor Address/ PO Box *	Contributor Apartment or Suite Number		609 S Lamar Blvd			Contributor City *	Contributor State *	Contributor Zip Code *	Austin	TX	78704-1505	Contributor Employer *	Contributor Occupation *				
Contributor Address/ PO Box *	Contributor Apartment or Suite Number																		
609 S Lamar Blvd																			
Contributor City *	Contributor State *	Contributor Zip Code *																	
Austin	TX	78704-1505																	
Contributor Employer *	Contributor Occupation *																		
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<table border="1"> <tr> <td>Contribution Date (yyyymmdd) *</td> <td>(\$) Contribution Amount *</td> </tr> <tr> <td>20160925</td> <td>\$5,000.00</td> </tr> </table>	Contribution Date (yyyymmdd) *	(\$) Contribution Amount *	20160925	\$5,000.00														
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Opportunity Austin"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="535 E 5th St"/> 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="78701-3725"/> Contributor Employer* <input type="text"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160925"/> (\$) 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="Blaine"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Bull"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="2909 Montebello Ct"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746-6816"/> Contributor Employer* Contributor Occupation* <input type="text" value="Vianovo"/> <input type="text" value="Small Business Owner"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160926"/> <input type="text" value="\$2,000.00"/>

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<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input type="checkbox"/> Contributor is an individual</p>	<p>Organization Name or Contributor Last Name, as applicable *</p> <p>Grayco Partners LLC</p>		
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box*</p> <p>55 Waugh Drive</p>	<p>Contributor Apartment or Suite Number</p> <p>Suite 500</p>	<p>Contributor City*</p> <p>Houston</p> <p>Contributor State*</p> <p>TX</p> <p>Contributor Zip Code*</p> <p>77007</p> <p>Contributor Employer*</p> <p></p> <p>Contributor Occupation*</p> <p></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)*</p> <p>20160926</p>	<p>(\$) Contribution Amount*</p> <p>\$10,000.00</p>	

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<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title Contributor First Name*</p> <p><input type="text"/> <input type="text" value="Brian"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Pitman"/> <input type="text"/></p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p><input type="text" value="9600 Bell Mountain Dr"/> <input type="text"/></p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78730-2713"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="Independence Title"/> <input type="text" value="President"/></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20160926"/> <input type="text" value="\$1,000.00"/></p>

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2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer* Contributor Occupation* <input type="text"/> <input type="text"/>
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