



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Austin Forward PAC (aka Move Austin Forward)
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* Apartment or Suite Number P.O. Box 302854 City* State* Zip Code* Austin TX 78703
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Middle Initial Ms. Laura Last Name Suffix Hernandez
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box Apartment or Suite Number 710 Colorado Street #6C City State Zip Code Austin TX 78701
5 REPORT DATE	Date Filed (yyyymmdd)* 20160901

* Indicates a required field



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(Previously Independent Expenditures not by a Candidate)

AUSTIN CITY CLERK
RECEIVED

2016 OCT 3 PM 12 57

6 AFFIDAVIT

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

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

DATE: 10/3/16

[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

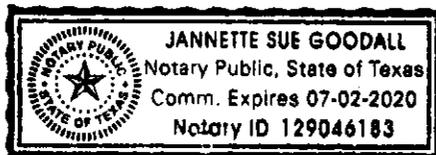
On the 3rd day of October, 2016, to certify which witness my hand and official seal.

Jannette S. Goodall

Notary Public in and for the State of Texas

Jannette S. Goodall

Typed or Printed Name of Notary





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Contribution

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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* Tyson Organization Name or Contributor Last Name, as applicable* Tuttle Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 608 Baylor St Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-5325 Contributor Employer* Silicon Labs Contributor Occupation* CEO
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160927 (\$) Contribution Amount* \$10,000.00

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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="Scott"/>	
	Organization Name or Contributor Last Name, as applicable* <input type="text" value="O'Hare"/>	Contributor Suffix <input type="text"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2905 Popano Cv"/>	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="78746-1974"/>
	Contributor Employer* <input type="text" value="Retired"/>	Contributor Occupation* <input type="text" value="Retired"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160927"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Michael Organization Name or Contributor Last Name, as applicable* Cook Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2617 Maria Anna Rd Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-1655 Contributor Employer* Cooks Brooks Johnson PLLC Contributor Occupation* Austin
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) 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* Armbrust & Brown, PLLC
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 100 Congress Ave, Suite 1300 Contributor City* Austin Contributor Employer* Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78701-2744 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160927 (\$) 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* Raba Kistner
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 12821 West Golden Lane Contributor Apartment or Suite Number Contributor City* San Antonio Contributor State* TX Contributor Zip Code* 78249 Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) Contribution Amount* \$2,500.00

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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*		
	Alliance Transportation		
2	CONTRIBUTOR ADDRESS AND EMPLOYER		CONTRIBUTOR APARTMENT OR SUITE NUMBER
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	11500 Metric Blvd	Bldg M-1	
	Contributor City*	Contributor State*	Contributor Zip Code*
	Austin	TX	78758-4048
	Contributor Employer*	Contributor Occupation*	
3	CONTRIBUTION DETAILS		
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	20160928	\$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* Lockwood, Andrews, & Newman, Inc.
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8911 N Capital of Texas Hwy Contributor Apartment or Suite Number Bldg 2 Contributor City* Austin Contributor State* TX Contributor Zip Code* 78759-7247 Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) Contribution Amount* \$2,500.00

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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* First Capitol Title Company
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 401 Congress, Ste 1500 Contributor City* Austin Contributor Employer* Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78701-3797 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) 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* HNTB
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 701 Brazos St Contributor Apartment or Suite Number Ste 450 Contributor City* Austin Contributor State* TX Contributor Zip Code* 78701-2687 Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) 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* HALFF Associates, Inc.
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1201 N Bowser Rd Contributor Apartment or Suite Number Contributor City* Richardson Contributor State* TX Contributor Zip Code* 75081-2220 Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160928 (\$) 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* <input type="text" value="CP&Y, Inc."/>																		
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="P.O. Box 200388"/></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="78720-0388"/></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="P.O. Box 200388"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78720-0388"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="P.O. Box 200388"/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78720-0388"/>																	
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="20160928"/></td> <td><input type="text" value="\$5,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20160928"/>	<input type="text" value="\$5,000.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20160928"/>	<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="DPR Construction"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="9606 N Mopac Expy"/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Ste 300"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78759-5945"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160928"/>	(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>

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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="Ryan"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Berger"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="3301 Bryker Dr"/> 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="78703"/> Contributor Employer* <input type="text" value="The Berger Company, Inc."/> Contributor Occupation* <input type="text" value="Real Estate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160929"/> (\$) Contribution Amount* <input type="text" value="\$1,000.00"/>

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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
	<input checked="" type="checkbox"/> Contributor is an individual		Sherrard		
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix		
		Hayes			
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		
		212 Lavaca St, Ste 200			
		Contributor City*	Contributor State*	Contributor Zip Code*	
		Austin	TX	78701-3955	
		Contributor Employer*	Contributor Occupation*		
		Weisbart Springer Hayes LLP	Attorney		
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*		
		20160929	\$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* DEN Property Group		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 317 W 3rd St	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-3815
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929		(\$) Contribution Amount* \$500.00

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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="Matthew"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Williamson"/> <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="8804 Ficke Cv"/> <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="78717-4844"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="The Beck Group"/> <input type="text" value="Managing Director"/></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20160929"/> <input type="text" value="\$5,000.00"/></p>

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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="Spiro"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Dimitriou"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="4709 Gallego Cir"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78738-7018"/> Contributor Employer* Contributor Occupation* <input type="text" value="EG USA LLC"/> <input type="text" value="SVP"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20160929"/> <input type="text" value="\$1,000.00"/>

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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="Carlotta"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="McLean"/> <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="505 Walsh St"/> <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="78703-5251"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="Riley-McLean Land"/> <input type="text" value="Broker/Founder"/></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20160929"/> <input type="text" value="\$500.00"/></p>

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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="Tim"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Riley"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="505 Walsh 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="78703-5251"/> Contributor Employer* <input type="text" value="Riley-McLean Land"/> Contributor Occupation* <input type="text" value="Broker/Founder"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160929"/> (\$) Contribution Amount* <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* SXSX LLC
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 E 4th St Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78701-3720 Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160930 (\$) Contribution Amount* \$5,000.00

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Contribution

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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.

<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="Terry"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Mitchell"/> <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="P.O. Box 5654"/> <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="78763"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="Momark Development"/> <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="20160929"/> <input type="text" value="\$2,000.00"/></p>

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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Daniel	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Byrne		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		804 Edgecliff Terrace		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78746
		Contributor Employer*	Contributor Occupation*	
		Fritz, Byrne, Head & Gilstrap PLLC	Attorney	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20160929		\$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* Womack McClish Wall Foster Brooks, PC	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1801 Lavaca St	Contributor Apartment or Suite Number Ste 120
	Contributor City* Austin	Contributor State* Contributor Zip Code* TX 78701
	Contributor Employer* _____	Contributor Occupation* _____
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160929	(\$) Contribution Amount* \$2,000.00

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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="John"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Elliott"/> <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="1036 Liberty Park Dr"/> <input type="text" value="Apt 35"/></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="78746-7027"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="Smith, Robertson, Elliott & Douglas, LLP"/> <input type="text" value="Attorney"/></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20160929"/> <input type="text" value="\$1,500.00"/></p>

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1	CONTRIBUTOR NAME	Contributor Title. Contributor First Name*	
		<input type="text"/>	<input type="text" value="Rex"/>
	<input checked="" type="checkbox"/> Contributor is an Individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Gore"/>	<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		<input type="text" value="1304 W Oltorf 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="78704-5333"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="Professional Janitorial Company"/>	<input type="text" value="President"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20160930"/>	<input type="text" value="\$5,000.00"/>

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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an Individual		Russell	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Douglass		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		207 San Jacinto Boulevard		Suite 300
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78701
		Contributor Employer*	Contributor Occupation*	
		Raptor Resources Inc.	Owner	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20160929		\$2,500.00

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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="Perry"/></p> <p>Organization Name or Contributor Last Name, as applicable* Contributor Suffix</p> <p><input type="text" value="Lorenz"/> <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="1311-A East 6th Street"/> <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="78702"/></p> <p>Contributor Employer* Contributor Occupation*</p> <p><input type="text" value="Self"/> <input type="text" value="Real Estate"/></p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p><input type="text" value="20160928"/> <input type="text" value="\$3,500.00"/></p>

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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="HDR, Inc."/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="8404 Indian Hills Drive"/>	Contributor Apartment or Suite Number <input type="text"/>	Contributor City* <input type="text" value="Omaha"/>	Contributor State* <input type="text" value="NE"/>	Contributor Zip Code* <input type="text" value="68114"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160929"/>		(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>				

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