



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 11 PM 3 54

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name*  Austin Forward PAC (aka Move Austin Forward)
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* P.O. Box 302854  Apartment or Suite Number  City* Austin  State* TX  Zip Code* 78703
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title Ms.  First Name Laura  Middle Initial  Last Name Hernandez  Suffix
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box* 710 Colorado Street  Apartment or Suite Number #6C  City Austin  State TX  Zip Code 78701
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* 20161011

\* 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: 10/11/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

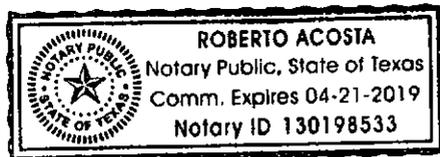
LAURA HERNANDEZ

On the 11TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

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.

<b>1</b> <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Paul  Organization Name or Contributor Last Name, as applicable* Linehan  Contributor Suffix
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 3502 Lost Creek Blvd  Contributor Apartment or Suite Number  Contributor City* Austin  Contributor State* TX  Contributor Zip Code* 78735-1506  Contributor Employer* Land Strategies, Inc.  Contributor Occupation* President
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161007  (\$) Contribution Amount* \$2,500.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <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="McKinnerney"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="1111 W 11th 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="78703-4915"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Castle Hill Partners"/> <input type="text" value="Investor"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161009"/> <input type="text" value="\$2,500.00"/>

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* A+ Federal Credit Union
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* P.O. Box 14867 Contributor Apartment or Suite Number  Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-4915 Contributor Employer*  Contributor Occupation* 
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010 (\$) Contribution Amount* \$1,000.00

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Heldenfels Enterprises, Inc.
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 5700 S Interstate 35 Contributor City* San Marcos Contributor Employer* Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78666-9505 Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010 (\$) Contribution Amount* \$2,500.00

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Lamar Central, LLC
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1001 Fannin St Contributor City* Houston Contributor Employer* Contributor Apartment or Suite Number Ste 4700 Contributor State* TX Contributor Zip Code* 77002-6798 Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010 (\$) Contribution Amount* \$2,500.00

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Highland RI 211, LLC
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1001 Fannin St Contributor City* Houston Contributor Employer*  Contributor Apartment or Suite Number Ste 4700 Contributor State* TX Contributor Zip Code* 77002-6798 Contributor Occupation* 
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010 (\$) Contribution Amount* \$2,500.00

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Jones & Carter, Inc.	
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 6330 West Loop S Contributor City* Bellaire Contributor Employer*	Contributor Apartment or Suite Number Ste 1500 Contributor State* TX Contributor Zip Code* 77401-2928 Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010	(\$) Contribution Amount* \$5,000.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="William"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Harriss"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="5333 Tortuga 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="78731-4545"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Butler Family Interests"/> <input type="text" value="Chief Financial Officer"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161010"/> <input type="text" value="\$1,000.00"/>

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* Rudy  Organization Name or Contributor Last Name, as applicable* Garza  Contributor Suffix
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 22516 Crazy Cv  Contributor City* Spicewood  Contributor Employer* Garza EMC  Contributor Apartment or Suite Number  Contributor State* TX  Contributor Zip Code* 78669-3317  Contributor Occupation* Engineer
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010  (\$) Contribution Amount* \$1,500.00

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="James"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Eherton"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="1206 Tremont Dr"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Cedar Park"/> <input type="text" value="TX"/> <input type="text" value="78613-6708"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="AECOM"/> <input type="text" value="Engineer"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161010"/> <input type="text" value="\$500.00"/>

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<b>1</b> <b>CONTRIBUTOR NAME</b> <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Southwest Strategies Group, Inc.	
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 222 West Ave Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Ste 200 Contributor State* TX Contributor Zip Code* 78701-4659 Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161010	(\$) Contribution Amount* \$5,000.00

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