



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 14 PM 2 52

| | |
|---|---|
| <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>20161014</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: 10/14/16

[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

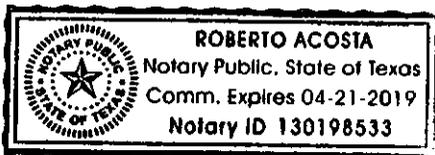
On the 14TH day of OCTOBER, 2016, to certify which witness my hand and official seal.

[Handwritten Signature]

Notary Public in and for the State of Texas

ROBERTO ACOSTA

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* Keith Organization Name or Contributor Last Name, as applicable* Crawford Contributor Suffix |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 3200 Steck Ave Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Ste 220 Contributor State* TX Contributor Zip Code* 78757-8032 Contributor Occupation* Attorney |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161011 (\$) 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* Texas Disposal Systems, Inc. | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 12200 Carl Road | Contributor Apartment or Suite Number | |
| | Contributor City* Creedmoor | Contributor State* TX | Contributor Zip Code* 78610 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161011 | (\$) Contribution Amount* \$15,000.00 | |

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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="Riverside Resources Property Management Ltd."/> | | | | | | | | | | | | | | | | | | |
| 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="100 Congress Ave"/></td> <td colspan="2"><input type="text" value="Ste 1450"/></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="78701-4072"/></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="100 Congress Ave"/> | <input type="text" value="Ste 1450"/> | | Contributor City* | Contributor State* | Contributor Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78701-4072"/> | Contributor Employer* | Contributor Occupation* | | <input type="text"/> | <input type="text"/> | |
| Contributor Address/ PO Box* | Contributor Apartment or Suite Number | | | | | | | | | | | | | | | | | | |
| <input type="text" value="100 Congress Ave"/> | <input type="text" value="Ste 1450"/> | | | | | | | | | | | | | | | | | | |
| Contributor City* | Contributor State* | Contributor Zip Code* | | | | | | | | | | | | | | | | | |
| <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78701-4072"/> | | | | | | | | | | | | | | | | | |
| 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="20161012"/></td> <td><input type="text" value="\$10,000.00"/></td> </tr> </table> | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | <input type="text" value="20161012"/> | <input type="text" value="\$10,000.00"/> | | | | | | | | | | | | | | |
| Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | | | | | | | | | | | | | | | | | | |
| <input type="text" value="20161012"/> | <input type="text" value="\$10,000.00"/> | | | | | | | | | | | | | | | | | | |

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| | |
|---|--|
| 1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual | Contributor Title Contributor First Name* Brian Organization Name or Contributor Last Name, as applicable* McCall Contributor Suffix |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 2400 Harris Blvd Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-2406 Contributor Employer* Texas State University System Contributor Occupation* Chancellor |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161012 (\$) Contribution Amount* \$500.00 |

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| | | | |
|---|--|---------------------------------------|--|
| 1 | CONTRIBUTOR NAME | | |
| <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable* | | |
| | Journeyman Construction | | |
| 2 | CONTRIBUTOR ADDRESS AND EMPLOYER | | CONTRIBUTOR APARTMENT OR SUITE NUMBER |
| | Contributor Address/ PO Box* | Contributor Apartment or Suite Number | |
| | 7701 N Lamar Blvd | Ste 100 | |
| | Contributor City* | Contributor State* | Contributor Zip Code* |
| | Austin | TX | 78752-1012 |
| | Contributor Employer* | Contributor Occupation* | |
| | | | |
| 3 | CONTRIBUTION DETAILS | | |
| | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* | |
| | 20161012 | \$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* SXSW LLC | | | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 500 E 4th St | Contributor Apartment or Suite Number | Contributor State* TX | Contributor Zip Code* 78701-3720 | |
| 3 CONTRIBUTION DETAILS | Contributor City* Austin | Contributor Employer* | Contributor Occupation* | Contribution Date (yyyymmdd)* 20161011 | (\$) 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* Bank of America |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 515 Congress Ave Contributor City* Austin Contributor State* TX Contributor Zip Code* 78701 Contributor Employer* Contributor Occupation* |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161011 (\$) 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* Balcones Resources | | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 9301 Johnny Morris Rd | Contributor Apartment or Suite Number | |
| | Contributor City* Austin | Contributor State* TX | Contributor Zip Code* 78724 |
| | Contributor Employer* | Contributor Occupation* | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161013 | (\$) 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* <input type="text" value="Frost"/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* <input type="text" value="401 Congress Ave"/> 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="78701-3793"/> Contributor Employer* <input type="text"/> Contributor Occupation* <input type="text"/> |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* <input type="text" value="20171013"/> (\$) Contribution Amount* <input type="text" value="\$1,500.00"/> |

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| | | |
|--|--|--|
| 1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable* IBC Bank | |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* 500 W 5th St Contributor City* Austin Contributor Employer* | Contributor Apartment or Suite Number Ste 100 Contributor State* TX Contributor Zip Code* 78701-3835 Contributor Occupation* |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* 20161013 | (\$) Contribution Amount* \$5,000.00 |

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| | |
|----------|--|
| 1 | <p style="text-align: center;">CONTRIBUTOR NAME</p> <p><input type="checkbox"/> Contributor is an individual</p> <p>Organization Name or Contributor Last Name, as applicable*</p> <p>HNTB</p> |
| 2 | <p style="text-align: center;">CONTRIBUTOR ADDRESS AND EMPLOYER</p> <p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p>701 Brazos St Ste 450</p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p>Austin TX 78701-2687</p> <p>Contributor Employer* Contributor Occupation*</p> <p> </p> |
| 3 | <p style="text-align: center;">CONTRIBUTION DETAILS</p> <p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p>20161013 \$5,000.00</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="Ted"/> |
| | Organization Name or Contributor Last Name, as applicable* <input type="text" value="Siff"/> | Contributor Suffix <input type="text"/> |
| 2 CONTRIBUTOR ADDRESS AND EMPLOYER | Contributor Address/ PO Box* <input type="text" value="504 West 11th Street"/> | 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"/> | Contributor Employer* <input type="text" value="Self Employed"/> |
| | Contributor Occupation* <input type="text" value="Attorney"/> | |
| 3 CONTRIBUTION DETAILS | Contribution Date (yyyymmdd)* <input type="text" value="20161013"/> | (\$) Contribution Amount* <input type="text" value="\$500.00"/> |

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