



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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2016 OCT 19 AM 9 29

<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>Travis County Democratic Party</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>PO Box 684263 </p> <p>City* State* Zip Code*</p> <p>Austin TX 78768</p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Hon Vincent </p> <p>Last Name Suffix</p> <p>Harding </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p></p> <p>City State Zip Code</p> <p> </p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20161018</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: 10/19/2016

Cynthia Hall Flint

AFFIANT'S SIGNATURE

Cynthia Hall Flint

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

CYNTHIA HALL FLINT

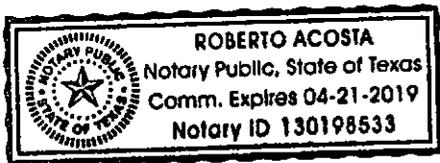
On the 19th day of OCTOBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="AFSCME PAC"/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1625 L St. NW"/>	Contributor Apartment or Suite Number <input type="text"/>	Contributor City* <input type="text" value="Washington"/>	Contributor State* <input type="text" value="DC"/>	Contributor Zip Code* <input type="text" value="20036"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160928"/>		(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>				



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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="Judge Julie Kocurek Campaign Fund"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2803 Scenic Dr."/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78703"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160928"/>	(\$) Contribution Amount* <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>Sarah Eckhardt</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>PO Box 301586</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>78703</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		PO Box 301586			Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78703	Contributor Employer*	Contributor Occupation*				
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
PO Box 301586																			
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78703																	
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>20160928</td> <td>\$4,250.00</td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160928	\$4,250.00														
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Ricky Organization Name or Contributor Last Name, as applicable* Gerald Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/PO Box* 2513 McCallum Dr. Contributor Apartment or Suite Number Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703 Contributor Employer* Self Contributor Occupation* Sel Employed
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160930 (\$) Contribution Amount* \$2,700.00



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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="Jeff Travillion Campaign"/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="PO Box 2425"/>	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="78768"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161013"/>		(\$) Contribution Amount* <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>Sally Hernandez Campaign</p>		
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address/ PO Box*</p> <p>PO Box 152032</p>	<p>Contributor Apartment or Suite Number</p>	<p>Contributor City*</p> <p>Austin</p> <p>Contributor State*</p> <p>TX</p> <p>Contributor Zip Code*</p> <p>78715</p> <p>Contributor Employer*</p> <p>Contributor Occupation*</p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)*</p> <p>20161013</p>	<p>(\$) Contribution Amount*</p> <p>\$5,000.00</p>	



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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="Lloyd Doggett for Congress"/>								
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="PO Box 5843"/>	Contributor Apartment or Suite Number <input type="text"/>	<table border="1"> <tr> <td data-bbox="418 898 1031 961"> Contributor City* <input type="text" value="Austin"/> </td> <td data-bbox="1031 898 1234 961"> Contributor State* <input type="text" value="TX"/> </td> <td data-bbox="1234 898 1550 961"> Contributor Zip Code* <input type="text" value="78763"/> </td> </tr> <tr> <td data-bbox="418 961 1031 1066"> Contributor Employer* <input type="text"/> </td> <td colspan="2" data-bbox="1031 961 1550 1066"> Contributor Occupation* <input type="text"/> </td> </tr> </table>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78763"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78763"/>							
Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>								
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161013"/>	(\$) Contribution Amount* <input type="text" value="\$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="Fort Bend County Democratic Party"/>																		
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="509 S. 5th 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="Richmond"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="77469"/></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="509 S. 5th St."/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Richmond"/>	<input type="text" value="TX"/>	<input type="text" value="77469"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="509 S. 5th St."/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Richmond"/>	<input type="text" value="TX"/>	<input type="text" value="77469"/>																	
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="20161007"/></td> <td><input type="text" value="\$600.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20161007"/>	<input type="text" value="\$600.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20161007"/>	<input type="text" value="\$600.00"/>																		



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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="Austin Forward PAC"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2408 Manor 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"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161007"/>		(\$) 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="Kirk Watson Campaign"/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="PO Box 2004"/>	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="78768"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161011"/>		(\$) 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="Bruce and Deborah"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Clark"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3624 N Hills 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"/> Contributor Employer* Contributor Occupation* <input type="text" value="Clark and Clark"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161012"/> <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="Celia Israel Campaign"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="3604 Carla Dr."/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78754"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161013"/>	(\$) Contribution Amount* <input type="text" value="\$8,000.00"/>



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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="Austin Forward PAC"/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2408 Manor 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"/>	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161013"/>		(\$) 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* Jenna Organization Name or Contributor Last Name, as applicable* Martin Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4313 Mattie St. Contributor City* Austin Contributor Employer* AISD Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78723 Contributor Occupation* Teacher
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161013 (\$) Contribution Amount* \$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="Edward"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Fernandex"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="713 Beardsley 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"/> Contributor Employer* Contributor Occupation* <input type="text" value="Houston & Williams LLP"/> <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161014"/> <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="Stonewall Democrats of Austin"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="PO Box 4712"/>	Contributor Apartment or Suite Number <input type="text"/>
	Contributor City* <input type="text" value="Austin"/>	Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78765"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161017"/>	(\$) 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* Midwest Region Laborer's Political League	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1 N Old State Capitol Plaza Contributor City* Springfield Contributor Employer*	Contributor Apartment or Suite Number Contributor State* IL Contributor Zip Code* 62701 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161017	(\$) Contribution Amount* \$5,000.00

Add Another Contribution Page