



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

|  |   |
|--|---|
| <p><b>1</b></p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></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 style="text-align: right;">2016 OCT 31 PM 3 37<br/>AUSTIN CITY CLERK RECEIVED</p> |
| <p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></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><b>3</b></p> <p><b>COMMITTEE TREASURER NAME (if applicable)</b></p>   | <p>Title      First Name      Middle Initial</p> <p>Ms.      Laura      </p> <p>Last Name      Suffix</p> <p>Hernandez      </p>  |
| <p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS (if applicable)</b></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><b>5</b></p> <p><b>REPORT DATE</b></p>  | <p>Date Filed (yyyymmdd)*</p> <p>20161031</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: 10/31/14

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

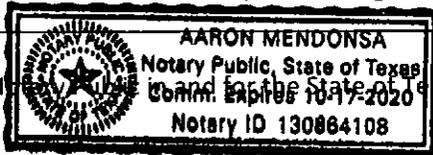
This instrument was acknowledged, sworn to and subscribed before me by

~~Aaron Mendonza~~ Laura Hernandez

On the 31 day of October, 2016, to certify which witness my hand and official seal.

Aaron Mendonza

Typed or Printed Name of Notary























































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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

|   |   |
|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title    Contributor First Name*<br><input type="text"/> <input type="text" value="David"/><br><br>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix<br><input type="text" value="Coors"/> <input type="text"/>  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*    Contributor Apartment or Suite Number<br><input type="text" value="3717 Eagle Spirit Ct"/> <input type="text"/><br><br>Contributor City*    Contributor State*    Contributor Zip Code*<br><input type="text" value="Fort Collins"/> <input type="text" value="CO"/> <input type="text" value="80528-9356"/><br><br>Contributor Employer*    Contributor Occupation*<br><input type="text" value="NLand"/> <input type="text" value="Manager"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*    (\$) Contribution Amount*<br><input type="text" value="20161027"/> <input type="text" value="\$5,000.00"/>   |

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|          |  |  |                         |                                       |
|----------|--|--|-------------------------|---------------------------------------|
| <b>1</b> | <b>CONTRIBUTOR NAME</b>  | Contributor Title  | Contributor First Name* |                                       |
|          |  |  | Andrew                  |                                       |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable* |                         | Contributor Suffix                    |
|          |  | Tryba  |                         |                                       |
| <b>2</b> | <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>                          | Contributor Address/ PO Box*                               |                         | Contributor Apartment or Suite Number |
|          |  | 801 W 5th St   |                         | Apt 2901                              |
|          |  | Contributor City*  | Contributor State*      | Contributor Zip Code*                 |
|          |  | Austin   | TX                      | 78703-5464                            |
|          |  | Contributor Employer*                                      | Contributor Occupation* |                                       |
|          |  | Crossover  | CEO                     |                                       |
| <b>3</b> | <b>CONTRIBUTION DETAILS</b>                                      | Contribution Date (yyyymmdd)*                              |                         | (\$) Contribution Amount*             |
|          |  | 20161027   |                         | \$5,000.00                            |

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|          |  |  |                                    |   |
|----------|--|--|------------------------------------|---|
| <b>1</b> | <b>CONTRIBUTOR NAME</b>  | Contributor Title  | Contributor First Name*            |   |
|          |  | <input type="text"/>                                       | <input type="text" value="Bruce"/> |   |
|          | <input checked="" type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable* |                                    | Contributor Suffix                      |
|          |  | <input type="text" value="Cash"/>                          |                                    | <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="4005 Island Knoll 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="78746-1985"/> |
|          |  | Contributor Employer*                                      | Contributor Occupation*            |   |
|          |  | <input type="text" value="Cash Construction Company"/>     | <input type="text" value="Owner"/> |   |
| <b>3</b> | <b>CONTRIBUTION DETAILS</b>                                      | Contribution Date (yyyymmdd)*                              |                                    | (\$) Contribution Amount*               |
|          |  | <input type="text" value="20161027"/>                      |                                    | <input type="text" value="\$5,000.00"/> |

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|   |   |  |  |
|---|---|--|--|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title<br><input type="text"/>   | Contributor First Name*<br><input type="text" value="Michael"/>                |  |
|   | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Hill"/> | Contributor Suffix<br><input type="text"/>                                     |  |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*<br><input type="text" value="401 Congress Ave"/>                   | Contributor Apartment or Suite Number<br><input type="text" value="Ste 1850"/> |  |
|   | Contributor City*<br><input type="text" value="Austin"/>  | Contributor State*<br><input type="text" value="TX"/>                          | Contributor Zip Code*<br><input type="text" value="78701-3833"/> |
|   | Contributor Employer*<br><input type="text" value="Upland Software Inc."/>                      | Contributor Occupation*<br><input type="text" value="Owner"/>                  |  |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*<br><input type="text" value="20161027"/>                          | (\$) Contribution Amount*<br><input type="text" value="\$10,000.00"/>          |  |

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|  |   |   |
|--|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Highland 620 Land Investment, Ltd."/>   |   |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br><input type="text" value="1001 Fannin St"/><br><br>Contributor City*<br><input type="text" value="Houston"/><br><br>Contributor Employer*<br><input type="text"/> | Contributor Apartment or Suite Number<br><input type="text" value="Ste 4700"/><br><br>Contributor State*    Contributor Zip Code*<br><input type="text" value="TX"/> <input type="text" value="77002-6798"/><br><br>Contributor Occupation*<br><input type="text"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br><input type="text" value="20161027"/>  | (\$) Contribution Amount*<br><input type="text" value="\$2,500.00"/>  |

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|  |  |
|--|--|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Endeavor Real Estate   |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br>500 W 5th St<br>Contributor City*<br>Austin<br>Contributor Employer*<br><br>Contributor Apartment or Suite Number<br>Ste 700<br>Contributor State*<br>TX<br>Contributor Zip Code*<br>78701-3833<br>Contributor Occupation*<br> |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161027<br>(\$)<br>Contribution Amount*<br>\$10,000.00   |

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|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | <p style="text-align: center;"><b>CONTRIBUTOR NAME</b></p> <p><input type="checkbox"/> Contributor is an individual</p> <p>Organization Name or Contributor Last Name, as applicable*</p> <p>TGB Partners</p>  |  |  |
| <b>2</b> | <p style="text-align: center;"><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p> <p>Contributor Address/ PO Box* <span style="float: right;">Contributor Apartment or Suite Number</span></p> <p>1705 Guadalupe St <span style="float: right;">Ste 500</span></p> <p>Contributor City* <span style="float: right;">Contributor State*</span> <span style="float: right;">Contributor Zip Code*</span></p> <p>Austin <span style="float: right;">TX</span> <span style="float: right;">78701-1272</span></p> <p>Contributor Employer* <span style="float: right;">Contributor Occupation*</span></p> <p><br/></p> |  |  |
| <b>3</b> | <p style="text-align: center;"><b>CONTRIBUTION DETAILS</b></p> <p>Contribution Date (yyyymmdd)* <span style="float: right;">(\$) Contribution Amount*</span></p> <p>20161027 <span style="float: right;">\$2,500.00</span></p>   |  |  |

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|  |   |  |
|--|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="NRE Zone LLC"/>   |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br><input type="text" value="526 University Dr. E"/><br><br>Contributor City*<br><input type="text" value="College Station"/><br><br>Contributor Employer*<br><input type="text"/> | Contributor Apartment or Suite Number<br><input type="text" value="Bldg B"/><br><br>Contributor State*<br><input type="text" value="TX"/><br><br>Contributor Occupation*<br><input type="text"/><br><br>Contributor Zip Code*<br><input type="text" value="77840-1986"/> |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br><input type="text" value="20161028"/>  | (\$) Contribution Amount*<br><input type="text" value="\$1,250.00"/>   |

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|   |   |
|---|---|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title<br><br>Contributor First Name*<br>Brett<br><br>Organization Name or Contributor Last Name, as applicable*<br>Hurt<br><br>Contributor Suffix   |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*<br>9102 Atwater Cv<br><br>Contributor City*<br>Austin<br><br>Contributor Employer*<br>Self Employed<br><br>Contributor Apartment or Suite Number<br><br>Contributor State*<br>TX<br><br>Contributor Occupation*<br>Entrepreneur<br><br>Contributor Zip Code*<br>78733-3233 |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*<br>20161028<br><br>(\$) Contribution Amount*<br>\$5,000.00  |

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|  |  |
|--|--|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Buie & Co LLC  |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br>2815 Exposition Blvd<br>Contributor City*<br>Austin<br>Contributor Employer*<br><br>Contributor Apartment or Suite Number<br>Ste 200<br>Contributor State*<br>TX<br>Contributor Zip Code*<br>78703-1208<br>Contributor Occupation*<br> |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161028<br>(\$) Contribution Amount*<br>\$1,000.00   |

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|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title<br><input type="text"/>   | Contributor First Name*<br><input type="text" value="Lewis"/>        |  |   |  |
|   | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Little"/> | Contributor Suffix<br><input type="text"/>                           |  |   |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*<br><input type="text" value="2806 Stratford Dr"/>                    | Contributor Apartment or Suite Number<br><input type="text"/>        | Contributor City*<br><input type="text" value="Austin"/> | Contributor State*<br><input type="text" value="TX"/> | Contributor Zip Code*<br><input type="text" value="78746-4627"/> |
|   | Contributor Employer*<br><input type="text" value="Self Employed"/>                               | Contributor Occupation*<br><input type="text" value="Investor"/>     |  |   |  |
| <b>3</b><br><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*<br><input type="text" value="20161028"/>                            | (\$) Contribution Amount*<br><input type="text" value="\$1,000.00"/> |  |   |  |

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|   |  |   |  |
|---|--|---|--|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input checked="" type="checkbox"/> Contributor is an individual | Contributor Title<br><input type="text"/>  | Contributor First Name*<br><input type="text" value="Robert"/>                |  |
|   | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Epstein"/> | Contributor Suffix<br><input type="text"/>                                    |  |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>   | Contributor Address/ PO Box*<br><input type="text" value="5000 Plaza On the Lake"/>                | Contributor Apartment or Suite Number<br><input type="text" value="Ste 180"/> |  |
|   | Contributor City*<br><input type="text" value="Austin"/>   | Contributor State*<br><input type="text" value="TX"/>                         | Contributor Zip Code*<br><input type="text" value="78746-1087"/> |
|   | Contributor Employer*<br><input type="text" value="Prophet Capital"/>                              | Contributor Occupation*<br><input type="text" value="Partner"/>               |  |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>   | Contribution Date (yyyymmdd)*<br><input type="text" value="20161028"/>                             | (\$) Contribution Amount*<br><input type="text" value="\$5,000.00"/>          |  |

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|  |  |  |
|--|--|--|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>LBJ Family Wealth Advisors, Ltd. |  |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br>114 W 7th St   | Contributor Apartment or Suite Number<br>Ste 900 |
|  | Contributor City*<br>Austin  | Contributor State*<br>TX                         |
|  |  | Contributor Zip Code*<br>78701-3013              |
|  | Contributor Employer*  | Contributor Occupation*                          |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161028  | (\$) Contribution Amount*<br>\$7,500.00          |

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|  |   |   |
|--|---|---|
| <b>1</b><br><b>CONTRIBUTOR NAME</b><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br>Brandywine Realty Trust |   |
| <b>2</b><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br>111 Congress Ave                                      | Contributor Apartment or Suite Number<br>Ste 3000 |
|  | Contributor City*<br>Austin   | Contributor State*<br>TX                          |
|  |   | Contributor Zip Code*<br>78701-4099               |
|  | Contributor Employer*   | Contributor Occupation*                           |
|  |   |   |
| <b>3</b><br><b>CONTRIBUTION DETAILS</b>  | Contribution Date (yyyymmdd)*<br>20161028   | (\$) Contribution Amount*<br>\$25,000.00          |

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|  |   |   |  |
|--|---|---|--|
| <b>1</b><br><br><b>CONTRIBUTOR NAME</b><br><br><input type="checkbox"/> Contributor is an individual | Organization Name or Contributor Last Name, as applicable*<br><input type="text" value="Opportunity Austin"/> |   |  |
| <b>2</b><br><br><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>  | Contributor Address/ PO Box*<br><input type="text" value="535 E 5th St"/>                                     | Contributor Apartment or Suite Number<br><input type="text"/> |  |
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# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

# 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.

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# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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