



# 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 NOV 2 PM 2 47 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>20161102</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: 11/2/16

AFFIANT'S SIGNATURE

Laura Hernandez

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

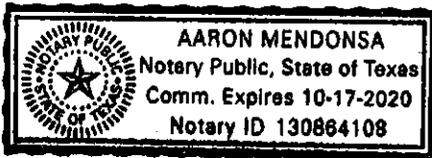
Laura Hernandez

On the 2 day of November, 2016, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Aaron Mendonsa

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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Bike Austin
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 1000 Brazos St Contributor City* Austin Contributor Employer*  Contributor Apartment or Suite Number Ste 100 Contributor State* TX Contributor Zip Code* 78701-2352 Contributor Occupation* 
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161101 (\$) Contribution Amount* \$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 *	
	Kimley-Horn & Assoc Inc	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
	421 Fayetteville St	Ste 600
	Contributor City*	Contributor State*    Contributor Zip Code*
	Raleigh	NC    27601-1777
	Contributor Employer*	Contributor Occupation*
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
	20161101	\$2,000.00

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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* Kimley-Horn & Assoc Inc				
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 421 Fayetteville St	Contributor Apartment or Suite Number Ste 600	Contributor State* NC	Contributor Zip Code* 27601-1777	
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contributor City* Raleigh	Contributor Employer* 	Contributor Occupation* 	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$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* NRE Ion LLC	
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 526 University Dr E Contributor City* College Station Contributor Employer*	Contributor Apartment or Suite Number Bldg B Contributor State* TX Contributor Zip Code* 77840-1986 Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$1,250.00

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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* Garver, LLC
<b>2</b> <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4701 Northshore Dr Contributor Apartment or Suite Number Contributor City* North Little Rock Contributor State* AR Contributor Zip Code* 72118-5325 Contributor Employer* Contributor Occupation*
<b>3</b> <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20161101 (\$) Contribution Amount* \$5,000.00

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