



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Forward PAC (aka Move Austin Forward)</div>																
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table><tr><td colspan="2">Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2"><div>P.O. Box 302854</div></td><td colspan="2"><div></div></td></tr><tr><td>City*</td><td>State*</td><td colspan="2">Zip Code*</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td colspan="2"><div>78703</div></td></tr></table>	Address/ PO Box*		Apartment or Suite Number		<div>P.O. Box 302854</div>		<div></div>		City*	State*	Zip Code*		<div>Austin</div>	<div>TX</div>	<div>78703</div>	
Address/ PO Box*		Apartment or Suite Number															
<div>P.O. Box 302854</div>		<div></div>															
City*	State*	Zip Code*															
<div>Austin</div>	<div>TX</div>	<div>78703</div>															
3 COMMITTEE TREASURER NAME (if applicable)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><div>Ms.</div></td><td><div>Laura</div></td><td><div></div></td></tr><tr><td colspan="2">Last Name</td><td>Suffix</td></tr><tr><td colspan="2"><div>Hernandez</div></td><td><div></div></td></tr></table>	Title	First Name	Middle Initial	<div>Ms.</div>	<div>Laura</div>	<div></div>	Last Name		Suffix	<div>Hernandez</div>		<div></div>				
Title	First Name	Middle Initial															
<div>Ms.</div>	<div>Laura</div>	<div></div>															
Last Name		Suffix															
<div>Hernandez</div>		<div></div>															
4 COMMITTEE TREASURER ADDRESS (if applicable)	<table><tr><td colspan="2">Address/ PO Box</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2"><div>710 Colorado Street</div></td><td colspan="2"><div>#6C</div></td></tr><tr><td>City</td><td>State</td><td colspan="2">Zip Code</td></tr><tr><td><div>Austin</div></td><td><div>TX</div></td><td colspan="2"><div>78701</div></td></tr></table>	Address/ PO Box		Apartment or Suite Number		<div>710 Colorado Street</div>		<div>#6C</div>		City	State	Zip Code		<div>Austin</div>	<div>TX</div>	<div>78701</div>	
Address/ PO Box		Apartment or Suite Number															
<div>710 Colorado Street</div>		<div>#6C</div>															
City	State	Zip Code															
<div>Austin</div>	<div>TX</div>	<div>78701</div>															
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20160922</div>																

* Indicates a required field



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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: 9/26/16

[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

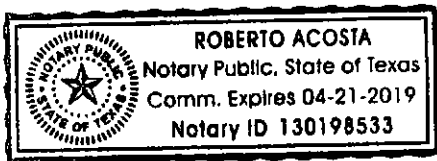
On the 26th day of SEPTEMBER, 2016, to certify which witness my hand and official seal.

[Signature]

ROBERTO ACOSTA

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* AT&T Mobility		
2	PAYEE ADDRESS	Payee Address/ PO Box* P.O. Box 6463	Payee Apartment or Suite Number	
		Payee City* Carol SILtream	Payee State* IL	Payee Zip Code* 60197-6463
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$20.22	
		Description (If Category is "Other")	Expenditure Date* 20160922	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page

Remove this page



Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]



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(Previously Independent Expenditures not by a Candidate)

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* OfficeMax / Office Depot		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2101 South Lamar	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$147.10	
		Description (If Category is "Other")	Expenditure Date* 20160925	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page

Remove this page



Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>OfficeMax / Office Depot</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2101 S Lamar Blvd</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78704-4921</div>
3 EXPENDITURE DETAILS	Category* <div>Office Overhead/Rental Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$184.90</div> Expenditure Date* <div>20160924</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Worley Printing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3217 N I-35	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78703
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$454.65	
		Description (If Category is "Other")	Expenditure Date* 20160925	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page

Remove this page



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Creative Civilization		
2	PAYEE ADDRESS	Payee Address/ PO Box* 1412 W 6th St	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78703-5139
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$5,000.00	
		Description (If Category is "Other")	Expenditure Date* 20160925	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Support City of Austin Prop 1			

Add Another Expenditure Page

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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>HEB</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>2508 E Riverside Dr</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78741-3037</div>
3 EXPENDITURE DETAILS	Category* <div>Food/Beverage Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$70.75</div> Expenditure Date* <div>20160925</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]

Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <div>American Printing & Mailing</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box * <div>1606 Headway Cir</div> Payee City * <div>Austin</div>		Payee Apartment or Suite Number <div>Ste 100</div> Payee State * <div>TX</div> Payee Zip Code * <div>78754-5152</div>
3 EXPENDITURE DETAILS	Category * <div>Printing Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount * <div>\$714.45</div> Expenditure Date * <div>20160925</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



Revised 9/15/2016
Page 12 of 39



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(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.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>James</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Susman</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		James	Organization Name or Contributor Last Name, as applicable*		Susman		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	James																								
Organization Name or Contributor Last Name, as applicable*																									
Susman																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">828 W 6th</td><td colspan="2">Ste 300</td></tr><tr><td colspan="2">Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td colspan="2">Austin</td><td>TX</td><td>78703-5469</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">STG Design</td><td colspan="2">Architect</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		828 W 6th		Ste 300		Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78703-5469	Contributor Employer*		Contributor Occupation*		STG Design		Architect	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
828 W 6th		Ste 300																							
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78703-5469																						
Contributor Employer*		Contributor Occupation*																							
STG Design		Architect																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160921</td><td>\$5,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160921	\$5,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20160921	\$5,000.00																								

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Robert Organization Name or Contributor Last Name, as applicable* Baldwin Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* P.O. Box 1526 Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78767-1526 Contributor Occupation* Self Employed
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160921 (\$) Contribution Amount* \$1,000.00

Add Another Contribution Page

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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* <div>Parsons Brinkerhoff, Inc.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>1 Penn Plaza</div>	Contributor Apartment or Suite Number <div></div>	Contributor City* <div>New York City</div>
	Contributor State* <div>NY</div>	Contributor Zip Code* <div>10119-0002</div>	Contributor Employer* <div></div>
	Contributor Occupation* <div></div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160922</div>	(\$) Contribution Amount* <div>\$2,500.00</div>	

Add Another Contribution Page

Remove this page



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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* Pape-Dawson Engineers		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2000 NW Loop 410	Contributor Apartment or Suite Number 	Contributor City* San Antonio
	Contributor State* TX	Contributor Zip Code* 78213-2251	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* \$2,500.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Jose I Guerra, Inc.</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>2401 S Interstate 35</div>	Contributor Apartment or Suite Number <div>Ste 210</div>	Contributor City* <div>Austin</div>
	Contributor State* <div>TX</div>	Contributor Zip Code* <div>78741-3823</div>	Contributor Employer* <div></div>
	Contributor Occupation* <div></div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160922</div>	(\$) Contribution Amount* <div>\$1,000.00</div>	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Brown & Gay Engineers, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 10777 Westheimer Rd	Contributor Apartment or Suite Number Ste 400	Contributor City * Houston
	Contributor State * TX	Contributor Zip Code * 77042-3475	Contributor Employer *
		Contributor Occupation *	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160922	(\$) Contribution Amount * \$5,000.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Brinkley & Barfield		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 1710 Seamist Dr.	Contributor Apartment or Suite Number 	Contributor City * Houston
	Contributor State * TX	Contributor Zip Code * 77008-3119	Contributor Employer *
	Contributor Occupation * 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20150922	(\$) Contribution Amount * \$4,000.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>The Rios Group</div>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>7400 Sand St</div>	Contributor Apartment or Suite Number <div></div>	Contributor City* <div>Fort Worth</div>
	Contributor State* <div>TX</div>	Contributor Zip Code* <div>76118-6921</div>	Contributor Employer* <div></div>
	Contributor Occupation* <div></div>		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20160922</div>	(\$) Contribution Amount* <div>\$500.00</div>	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* LIA Engineering, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2929 Briarpark Dr	Contributor Apartment or Suite Number Ste 600	
	Contributor City* Houston	Contributor State* TX	Contributor Zip Code* 77042-3768
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* \$5,000.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Garver, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	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 * 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160922	(\$) Contribution Amount * \$5,000.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* CobbFendley		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 13430 Northwest Fwy	Contributor Apartment or Suite Number Ste 1100	
	Contributor City* Houston	Contributor State* TX	Contributor Zip Code* 77040-6153
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) 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 * Burns & McDonnell Engineering Co., Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * PO Box 419173	Contributor Apartment or Suite Number 	Contributor City * Kansas City
	Contributor State * MO	Contributor Zip Code * 64141-6173	Contributor Employer *
	Contributor Occupation * 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160922	(\$) Contribution Amount * \$5,000.00	

Add Another Contribution Page

Remove this page



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Freese and Nichols, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4055 International Plz	Contributor Apartment or Suite Number Ste 200	
	Contributor City* Fort Worth	Contributor State* TX	Contributor Zip Code* 76109-4814
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160922	(\$) Contribution Amount* \$2,000.00	

Add Another Contribution Page

Remove this page



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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	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Patrick</td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td>Rose</td><td></td></tr></table>	Contributor Title	Contributor First Name*		Patrick	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	Rose																	
Contributor Title	Contributor First Name*																								
	Patrick																								
Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																								
Rose																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">730 Belvin St</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>San Marcos</td><td>TX</td><td colspan="2">78666-4302</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Corridor Title</td><td colspan="2">Real Estate / Title Insurance</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		730 Belvin St				Contributor City*	Contributor State*	Contributor Zip Code*		San Marcos	TX	78666-4302		Contributor Employer*		Contributor Occupation*		Corridor Title		Real Estate / Title Insurance	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
730 Belvin St																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
San Marcos	TX	78666-4302																							
Contributor Employer*		Contributor Occupation*																							
Corridor Title		Real Estate / Title Insurance																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20160923</td><td>\$1,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20160923	\$1,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20160923	\$1,000.00																								

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(Previously Independent Expenditures not by a Candidate)

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Brandywine Realty Trust		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 111 Congress Ave	Contributor Apartment or Suite Number Ste 3000	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-4099
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160923		(%) Contribution Amount* \$10,000.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Eric</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Taube</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Eric	Organization Name or Contributor Last Name, as applicable*		Taube		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Eric																								
Organization Name or Contributor Last Name, as applicable*																									
Taube																									
Contributor Suffix																									
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td colspan="2">Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td colspan="2">2201 Four Oaks Ln</td><td colspan="2"></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td colspan="2">Contributor Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78704-4626</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Self/Waller</td><td colspan="2">Attorney</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		2201 Four Oaks Ln				Contributor City*	Contributor State*	Contributor Zip Code*		Austin	TX	78704-4626		Contributor Employer*		Contributor Occupation*		Self/Waller		Attorney	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
2201 Four Oaks Ln																									
Contributor City*	Contributor State*	Contributor Zip Code*																							
Austin	TX	78704-4626																							
Contributor Employer*		Contributor Occupation*																							
Self/Waller		Attorney																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>{ \$ } Contribution Amount*</td></tr><tr><td>20160923</td><td>\$2,500.00</td></tr></table>	Contribution Date (yyyymmdd)*	{ \$ } Contribution Amount*	20160923	\$2,500.00																				
Contribution Date (yyyymmdd)*	{ \$ } Contribution Amount*																								
20160923	\$2,500.00																								

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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* McLean & Howard L.L.P.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 901 So MoPac Expy	Contributor Apartment or Suite Number Bldg 2; Suite 225	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746-5776
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160925		(%) Contribution Amount* \$3,000.00

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(Previously Independent Expenditures not by a Candidate)

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable * Cielo Property Services LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 823 Congress Ave	Contributor Apartment or Suite Number Sye 600	
	Contributor City * Austin	Contributor State * TX	Contributor Zip Code * 78701-2647
	Contributor Employer *	Contributor Occupation *	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160925	(\$) 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 * Cielo Property Group LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 823 Congress Ave	Contributor Apartment or Suite Number Ste 600	
	Contributor City * Austin	Contributor State * TX	Contributor Zip Code * 78701-2647
	Contributor Employer *	Contributor Occupation *	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160925	(\$) Contribution Amount * \$2,500.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Daniel Organization Name or Contributor Last Name, as applicable* Graham Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9309 Leaning Rock Cir Contributor City* Austin Contributor Employer* Build a Sign Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78730-2731 Contributor Occupation* Executive
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160925 (\$) 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 * Moreland Properties, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 1005 Ranch Rd 620 S	Contributor Apartment or Suite Number 	Contributor City * Lakeway
	Contributor State * TX	Contributor Zip Code * 78734-5603	Contributor Employer *
	Contributor Occupation * 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160925	(\$) 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* Associated General Contractors, Austin Chapter		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 609 S Lamar Blvd	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78704-1505
	Contributor Employer*	Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160925	(\$) 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* Opportunity Austin		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 535 E 5th St	Contributor Apartment or Suite Number 	Contributor City* Austin
	Contributor State* TX	Contributor Zip Code* 78701-3725	Contributor Employer*
	Contributor Occupation* 		
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160925	(\$) Contribution Amount* \$5,000.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Blaine Organization Name or Contributor Last Name, as applicable* Bull Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2909 Montebello Ct Contributor City* Austin Contributor Employer* Vianovo Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78746-6816 Contributor Occupation* Small Business Owner
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20160926 (\$) Contribution Amount* \$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 * Grayco Partners LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box * 55 Waugh Drive	Contributor Apartment or Suite Number Suite 500	
	Contributor City * Houston	Contributor State * TX	Contributor Zip Code * 77007
	Contributor Employer * 	Contributor Occupation * 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) * 20160926	(\$) Contribution Amount * \$10,000.00	

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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="Brian"/>
	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Pitman"/>	Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="9600 Bell Mountain Dr"/>	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="78730-2713"/>	
	Contributor Employer* <input type="text" value="Independence Title"/>	Contributor Occupation* <input type="text" value="President"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20160926"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>

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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"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer* Contributor Occupation* <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text"/> <input type="text"/>

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