



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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RECEIVED

2016 OCT 25 PM 1 22

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	<div><div>Address/ PO Box* P.O. Box 302854</div><div>Apartment or Suite Number</div><div>City* Austin</div><div>State* TX</div><div>Zip Code* 78703</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div><div>Title Ms.</div><div>First Name Laura</div><div>Middle Initial</div><div>Last Name Hernandez</div><div>Suffix</div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div><div>Address/ PO Box 710 Colorado Street</div><div>Apartment or Suite Number #6C</div><div>City Austin</div><div>State TX</div><div>Zip Code 78701</div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20161025</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: 10/25/16
[Signature]
AFFIANT'S SIGNATURE

Laura Hernandez
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

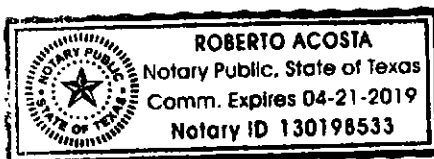
This instrument was acknowledged, sworn to and subscribed before me by

LAURA HERNANDEZ

On the 25TH 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





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* Rindy Miller Media		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2401 E 6th St	Payee Apartment or Suite Number Apt 1007	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78702-3975
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$57,834.00	
		Description (If Category is "Other")	Expenditure Date* 20161021	

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



Revised 9/15/2016
Page 4 of 38



Report Of Direct Campaign Expenditures: Schedule ATX.1

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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
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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 S Lamar Blvd	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78704-4921
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$16.23	
		Description (If Category is "Other")	Expenditure Date* 20161023	

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 checked="" type="checkbox"/> Payee is an individual	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td></td><td>Lacie</td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td>McCready</td><td></td></tr></table>	Payee Title	Payee First Name*		Lacie	Organization Name or Payee Last Name, as applicable*	Payee Suffix	McCready					
Payee Title	Payee First Name*												
	Lacie												
Organization Name or Payee Last Name, as applicable*	Payee Suffix												
McCready													
2 PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td>4501 E Riverside Dr</td><td colspan="2">#3208</td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78741-4824</td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		4501 E Riverside Dr	#3208		Payee City*	Payee State*	Payee Zip Code*	Austin	TX	78741-4824
Payee Address/ PO Box*	Payee Apartment or Suite Number												
4501 E Riverside Dr	#3208												
Payee City*	Payee State*	Payee Zip Code*											
Austin	TX	78741-4824											
3 EXPENDITURE DETAILS	<table><tr><td>Category*</td><td>(\$) Expenditure Amount*</td></tr><tr><td>Salaries/Wages/Contract labor</td><td>\$125.00</td></tr><tr><td>Description (If Category is "Other")</td><td>Expenditure Date*</td></tr><tr><td></td><td>20161020</td></tr></table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$125.00	Description (If Category is "Other")	Expenditure Date*		20161020				
Category*	(\$) Expenditure Amount*												
Salaries/Wages/Contract labor	\$125.00												
Description (If Category is "Other")	Expenditure Date*												
	20161020												

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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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* 20161021

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>Creative Civilization</div>	
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>1412 W 6th St</div> Payee City* <div>Austin</div>	Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78703-5139</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>	(\$) Expenditure Amount* <div>\$2,500.00</div> Expenditure Date* <div>20151021</div>

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

[illegible]

Add Another Expenditure Page

Remove this page

Revised 9/15/2016
Page 8 of 38



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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* Consulting Expense	(\$) Expenditure Amount* \$2,500.00	
		Description (If Category is "Other")	Expenditure Date* 20161021	

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

[illegible]

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>Y Strategy</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>3110 Manor Rd</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div>Ste H</div> Payee State* <div>TX</div> Payee Zip Code* <div>78723-5703</div>
3 EXPENDITURE DETAILS	Category* <div>Advertising Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$9,406.90</div> Expenditure Date* <div>20161021</div>

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

[illegible]

Add Another Expenditure Page

Remove this page

Revised 9/15/2016
Page 11 of 38



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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* Y Strategy	
2	PAYEE ADDRESS	Payee Address/ PO Box* 3110 Manor Rd	Payee Apartment or Suite Number Ste H
		Payee City* Austin	Payee State* TX
			Payee Zip Code* 78723-5703
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$) Expenditure Amount* \$22,000.00
		Description (If Category is "Other")	Expenditure Date* 20161021

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

Revised 9/15/2016
Page 12 of 38



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Itemize each direct campaign expenditure in Sections 1-4.
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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* TBNA		
2	PAYEE ADDRESS	Payee Address/ PO Box* 421 6th St	Payee Apartment or Suite Number	
		Payee City* San Antonio	Payee State* TX	Payee Zip Code* 78215-1805
3	EXPENDITURE DETAILS	Category* Consulting Expense	(\$) Expenditure Amount* \$2,500.00	
		Description (If Category is "Other")	Expenditure Date* 20161021	

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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1	PAYEE NAME <input type="checkbox"/> Payee is an individual Organization Name or Payee Last Name, as applicable* Bike Austin		
2	PAYEE ADDRESS Payee Address/ PO Box* 1000 Brazos St Payee City* Austin	Payee Apartment or Suite Number Ste 100 Payee State* TX	Payee Zip Code* 78701-2352
3	EXPENDITURE DETAILS Category* Consulting Expense Description (If Category is "Other")	(\$) Expenditure Amount* \$2,500.00 Expenditure Date* 20161021	

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			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Impact Dialing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3543 19th St	Payee Apartment or Suite Number	
		Payee City* San Francisco	Payee State* CA	Payee Zip Code* 94110-1611
3	EXPENDITURE DETAILS	Category* Office Overhead/Rental Expense	(\$) Expenditure Amount* \$294.00	
		Description (If Category is "Other")	Expenditure Date* 20161023	

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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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* HEB		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2508 E Riverside Dr	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78741-3037
3	EXPENDITURE DETAILS	Category* Food/Beverage Expense	(\$) Expenditure Amount* \$139.90	
		Description (If Category is "Other")	Expenditure Date* 20161024	

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.
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[illegible]



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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.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Michael Organization Name or Contributor Last Name, as applicable* Murphy Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1717 W 6th St Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-4778 Contributor Apartment or Suite Number Ste 400 Contributor Employer* Aquila Commercial Contributor Occupation* Commercial Real Estate
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020 (\$) Contribution Amount* \$2,500.00

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* Stantec Consulting Services, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 221 W 6th Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 600 Contributor State* TX Contributor Zip Code* 78701-3411 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020	(\$) Contribution Amount* \$5,000.00

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* 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)* 20161020		(\$) Contribution Amount* \$75,000.00

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

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td></td><td>Gary</td></tr><tr><td colspan="2">Organization Name or Contributor Last Name, as applicable*</td></tr><tr><td colspan="2">Farmer</td></tr><tr><td colspan="2">Contributor Suffix</td></tr><tr><td colspan="2"></td></tr></table>	Contributor Title	Contributor First Name*		Gary	Organization Name or Contributor Last Name, as applicable*		Farmer		Contributor Suffix															
Contributor Title	Contributor First Name*																								
	Gary																								
Organization Name or Contributor Last Name, as applicable*																									
Farmer																									
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">309 Lake Cliff Trl</td><td colspan="2"></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>78746-4678</td></tr><tr><td colspan="2">Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td colspan="2">Heritage Title Company of Austin, Inc.</td><td colspan="2">President</td></tr></table>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number		309 Lake Cliff Trl				Contributor City*		Contributor State*	Contributor Zip Code*	Austin		TX	78746-4678	Contributor Employer*		Contributor Occupation*		Heritage Title Company of Austin, Inc.		President	
Contributor Address/ PO Box*		Contributor Apartment or Suite Number																							
309 Lake Cliff Trl																									
Contributor City*		Contributor State*	Contributor Zip Code*																						
Austin		TX	78746-4678																						
Contributor Employer*		Contributor Occupation*																							
Heritage Title Company of Austin, Inc.		President																							
3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td>20161020</td><td>\$10,000.00</td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20161020	\$10,000.00																				
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																								
20161020	\$10,000.00																								

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* Unity PAC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 604 W 11th St	Contributor Apartment or Suite Number 	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-2007
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020		(\$) Contribution Amount* \$2,500.00

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	Contributor Title Contributor First Name* Bill Organization Name or Contributor Last Name, as applicable* Stapleton Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2406 Pemberton Pl Contributor City* Austin Contributor State* TX Contributor Zip Code* 78703-2548 Contributor Employer* New Waterloo Contributor Apartment or Suite Number Contributor Occupation* Hotelier
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020 (\$) Contribution Amount* \$500.00

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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	Contributor Title Contributor First Name* Lynn Organization Name or Contributor Last Name, as applicable* Meredith Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO Box 2146 Contributor City* Austin Contributor Employer* MFI Contributor Apartment or Suite Number Unit FSR3101 Contributor State* TX Contributor Zip Code* 78768-2146 Contributor Occupation* Owner
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161021 (\$) 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* Pure Real Estate Partners, LP		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5515 Balcones	Contributor Apartment or Suite Number	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78731-4907
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161021	(\$) Contribution Amount* \$2,500.00	

Add Another Contribution Page

Remove this page



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1	CONTRIBUTOR NAME	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Craig"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Cummings"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="11720 E 21st St, Ste D"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Tulsa"/>	Contributor State* <input type="text" value="OK"/>
		Contributor Zip Code* <input type="text" value="74129-1824"/>	
		Contributor Employer* <input type="text" value="Moonshots Capital"/>	Contributor Occupation* <input type="text" value="Investors"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161021"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>

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Report Of Direct Campaign Expenditures: Schedule ATX.1

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Contribution

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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* Southwest LECET	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11720 E 21st St Contributor City* Tulsa Contributor Employer* 	Contributor Apartment or Suite Number Ste D Contributor State* OK Contributor Zip Code* 74129-1824 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161023	(\$ 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* Brookfield Residential (Texas) LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11501 Alterra Pkwy	Contributor Apartment or Suite Number Ste 100	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78758-3201
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161023	(\$) 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* Walters Southwest		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1010 W Martin Luther King Jr. Blvd	Contributor Apartment or Suite Number 	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701-1070
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161023	(\$) Contribution Amount* \$2,000.00	

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* David Organization Name or Contributor Last Name, as applicable* Glassco Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2001 Travis Heights Blvd Contributor City* Austin Contributor State* TX Contributor Zip Code* 78704-3640 Contributor Apartment or Suite Number Contributor Employer* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024 (\$) Contribution Amount* \$500.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Ben Organization Name or Contributor Last Name, as applicable* Barnes Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1003 Rio Grande St Contributor City* Austin Contributor Employer* Self Employed Contributor Apartment or Suite Number Ste 1-100 Contributor State* TX Contributor Zip Code* 78701-2013 Contributor Occupation* Consultant
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024 (\$ Contribution Amount* \$1,000.00

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Joe Bland Construction, LP		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 13111 Dessau Rd	Contributor Apartment or Suite Number 	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78754-2039
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024		(\$) 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* Reagan National Advertising of Austin, Inc.	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 7301 Burleson Rd Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Contributor State* TX Contributor Zip Code* 78744-3207 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$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* Cunningham Allen, Inc.		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3103 Bee Caves Rd	Contributor Apartment or Suite Number Ste 202	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746-5580
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$3,000.00	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Big Red Dog - Austin, LLC		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2021 E 5th St	Contributor Apartment or Suite Number St 110	
	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78702-0007
	Contributor Employer* 	Contributor Occupation* 	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$3,000.00	

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <div>Live Oak - Gottesman LLC</div>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <div>2705 Bee Caves Rd</div> Contributor City* <div>Austin</div> Contributor Employer* <div></div>	Contributor Apartment or Suite Number <div>Ste 230</div> Contributor State* <div>TX</div> Contributor Zip Code* <div>78746-5685</div> Contributor Occupation* <div></div>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <div>20161024</div>	(\$) Contribution Amount* <div>\$2,500.00</div>

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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Baker Botts Amicus Fund	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 98 San Jacinto Blvd Contributor City* Austin Contributor Employer* 	Contributor Apartment or Suite Number Ste 1500 Contributor State* TX Contributor Zip Code* 78701-4297 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$500.00

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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* Gary Organization Name or Contributor Last Name, as applicable* Farmer Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 309 Lake Cliff Trl Contributor City* Austin Contributor State* TX Contributor Zip Code* 78746-4678 Contributor Employer* Heritage Title Company of Austin, Inc. Contributor Occupation* President
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161020 (\$ Contribution Amount* \$2,012.88

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