1	Committee or Organization Name*	,	
INDIVIDUAL	Austin Forward PAC (aka Move Austin Forward)		7916 A
OR ORGANIZATION			USTIN C RECE
NAME			N C EC 31
Filer is an individual			AUSTIN CITY CLERK RECEIVED 16 OCT 31 PM 3 37
2 INDIVIDUAL OR	Address/ PO Box* P.O. Box 302854	Apartment or	Suite Number
ORGANIZATION	City*		
ADDRESS	Austin	TX	78703
3 COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	Ms. Laura		
(if applicable)	Last Name	Suffix	
	Hernandez		
4	Address/ PO Box	Apartment or	Suite Number
COMMITTEE TREASURER	710 Colorado Street	#6C	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	ТХ	78701
5	Date Filed (yyyymmdd)*		
REPORT DATE	20161031		

^{*} Indicates a required field



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.

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

, to certify which witness my hand and official seal.

AARON MENDONSA Notary Public, State of Texas Coaract eaching hyate 2020

Notary ID 130864108

Typed or Printed Name of Notary



BAVEE	Payee Title Payee First Name*	
PAYEE	Alexander	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Anstead	
	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	4600 W Guadalupe St	Apt B141
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78751-2956
	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,125.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161028

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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	Payee Title Payee First Name*		
PAYEE	Patrick		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	McDonald		
-	Payee Address/ PO Box*	, Payee Apartment	or Suite Number
PAYEE	115 Coleman St		· · · · · · · · · · · · · · · · · · ·
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78704-6317
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,750.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	

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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Payee Title Payee First Name*		
Khai		
Organization Name or Payee Last Name, as applicable *	Payee Suffix	
Parker		
Payee Address/ PO Box*	Payee Apartment	or Suite Number
9601 Middle Fiskville Rd	Apt V8	
Payee City*	Payee State*	Payee Zip Code*
Austin	TX	78753-3862
Category*	(\$) Expenditure A	mount*
Salaries/Wages/Contract labor	\$180.00	
Description (If Category is "Other")	Expenditure Date	*
	20161028	
	Organization Name or Payee Last Name, as applicable * Parker Payee Address/ PO Box * 9601 Middle Fiskville Rd Payee City * Austin Category * Salaries/Wages/Contract labor	Category* Category* Category* Category* Category* Category * Category is "Other") Khai Payee Last Name, as applicable* Payee Suffix Payee Suffix Payee Apartment Apt V8 Payee State* TX (\$) Expenditure Apartment Salaries/Wages/Contract labor Expenditure Date

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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PAYEE	Payee Title Payee First Name* Ryan			
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix		
Payee is an individual	Rosshirt			
	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	2713 Windswept Cv	Apt 101	_	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78745-1408	
	Category*	(\$) Expenditure A	.mount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$1,125.00		
DETAILS	Description (If Category is "Other") Expenditur		ture Date*	
		20161028		

(if applicable)	Office Sought (if applicable)	Office Held (if applicable)
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1 PAYEE	Payee Title Payee First Name* Christian			
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix		
Payee is an individual	Smith			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	_
PAYEE	4612 Caswell Ave			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	ТХ	78751-3352	
3	Category*	(\$) Expenditure A	Amount*	_
EXPENDITURE	Salaries/Wages/Contract labor	\$1,500.00		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	_
		20161028		
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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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PAYEE	Payee Title Payee First Name* Angelina		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	LaPeria		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	8804 Tallwood Dr.	Apt #35	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78759-7553
3	Category*	(\$) Expenditure A	·mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$730.00	
DETAILS	Description (If Category is "Other") Expenditure Date*		*
		20161028	

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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	Payee Title Payee First Name*		
PAYEE	Michael		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Gramberg		
	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	8810 Tallwood Dr	Apt 35	
ADDRESS	Payee City*	Payee State* Payee Zip Code*	
	Austin	TX 78759-7572	
	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$1,315.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	

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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PAYEE ADDRESS	6604 Bourg Cove Payee City* Austin	Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure A \$1,220.00 Expenditure Date 20161028		

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 Title	Payee First Name*		
PAYEE		Michael		
NAME	Organization Nam	e or Payee Last Name, as applicable*	Payee Suffix	•
Payee is an individual	Balot			
2	Payee Address/ Po	O Box*	Payee Apartmer	nt or Suite Number
PAYEE	2608B Carnarvon	Ln		
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		тх	78704-5602
3	Category*		(\$) Expenditure	Amount*
EXPENDITURE	Salaries/Wages/Co	ontract labor	\$900.00	
DETAILS	Description (If Cat	egory is "Other")	Expenditure Dat	e*
			20161028	
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4 Identify each candidate or ballot meas	sure supported or opposed by the	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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PAYEE	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Bristow		
	Payee Address/ PO Box*	Payee Apartment or Suite Nun	nber
PAYEE	1200 Garden St		
ADDRESS	Payee City*	Payee State* Payee Zi	p Code*
	Austin	TX 78702-5	323
<u> </u>	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Salaries/Wages/Contract labor	\$1,315.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE	Payee Title Payee First Name* Avery		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Lundy		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	7709 Kiva Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
•	Austin	ТХ	78749-2917
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$1,080.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	



PAYEE	,		•
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	3423 Holdings LLC		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	507 Calles St	Ste 105	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78702-3954
	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Office Overhead/Rental Expense	\$1,800.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	

Candidate Last Name or Ballot Measure Supported/Opposed*			Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	7-Eleven		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	5101 N Lamar Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78751-2319
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$20.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
pport City of Austin Prop 1			
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	Payee Title	Payee First Name*	``	
PAYEE		Arthur (Cody)		
NAME	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
Payee is an individual	Newton			
	Payee Address/	' PO Box*	Payee Apartment	or Suite Number
PAYEE	6307 N Hampton Dr			
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin -		тх	78723-2041
	Category*		(\$) Expenditure A	mount*
EXPENDITURE			. \$450.00	
DETAILS	Description (If Category is "Other")		Expenditure Date	k
			20161028	

Candidate Last Name or Ballot Measure	Candidata Circt Name	Office Sought Office	
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	Payee Title Payee First Name*		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Hopkins		•
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3301 Speedway	Apt 204	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78705-2333
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$50.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	

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 Title Payee First Name*	· · · · · · · · · · · · · · · · · · ·
PAYEE	David	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Chilton	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	1309 Webberville Rd	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78721-1404
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$450.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20161028
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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 Title Payee First Name*		
PAYEE	David		
NAME	Organization Name or Payee Last Name, as applicable *	Payee Suffix	
Payee is an individual	Butts		
2	Payee Address/ PO Box*	Payee Apartment of	or Suite Number
PAYEE	1914 Patton Ln		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78723-1236
3	Category*	(\$) Expenditure Ar	mount*
EXPENDITURE	Consulting Expense	\$10,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161027	
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Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE NAME Payee is an individual	Payee Title Payee First Name* Harold Organization Name or Payee Last Name, as applicable* Eggers-Soo	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 2107 Maxwell Ln Payee City* Austin	Payee Apartment or Suite Number Unit 4 Payee State* Payee Zip Code* 78741-6609
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")	(\$) Expenditure Amount* \$540.00 Expenditure Date* 20161028

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			



PAYEE	·		
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	HEB		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2508 E Riverside Dr		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78741-3037
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Food/Beverage Expense	\$117.54	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161027	
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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 Title	Payee First Name*		
PAYEE	Kimie			
NAME	Organization Name or Payee Last Name, as applicable * Payee Suffix		Payee Suffix	
Payee is an individual	Warren			
2	Payee Address/ P	PO Box*	Payee Apartment	or Suite Number
PAYEE	4501 E Riverside Dr		Apt 3028	
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	Austin		тх	78741-4783
3	Category*	.	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor		\$1,315.00	
DETAILS	Description (If Category is "Other")		Expenditure Date	*
			20161028	
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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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	NOKOA the Observer		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	1154 Angelina St	Ste B	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78702-2058
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$1,260.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	

Identify each candidate or ballot meas	т. с с трр		
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
upport City of Austin Prop 1			
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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	OfficeMax / Office Depot		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2101 S Lamar Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78704-4921
·	Category*	(\$) Expenditure A	\mount*
EXPENDITURE	Office Overhead/Rental Expense	\$39.84	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	

Contribution and Pallack Manager				
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
iupport City of Austin Prop 1				
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PAYEE			
NAME	'Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Rindy Miller Media		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	2401 E 6th St	Apt 1007	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78702-3975
·	Category*	(\$) Expenditure A	·mount*
EXPENDITURE	Advertising Expense	\$124,942.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20161028	

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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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Texas Made Productions] .	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	919 Congress Ave		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78701-2102
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$1,600.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	
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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	1-4		
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Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

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PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Texas Vote Environment PAC		
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	600 W 28th St	Ste 202	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78705-3725
	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Gift/Awards/Memorials Expense	\$5,100.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20161028	

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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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	Contributor Title Contributor First Name* David		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* [Coors]	Contributor Suffix	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3717 Eagle Spirit Ct Contributor City* Fort Collins Contributor Employer* NLand	Contributor Apartm Contributor State* CO Contributor Occupation	80528-9356
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution At \$5,000.00	mount*

Add Another Contribution Page



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.

CONTRIBUTOR · NAME	Contributor Title Contributor First Name* Andrew		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Tryba	Contributor Suffix	
2 CONTRIBUTOR	Contributor Address/ PO Box* 801 W 5th St	Contributor Apart	ment or Suite Number
ADDRESS AND EMPLOYER	Contributor City* Austin	Contributor State	* Contributor Zip Code* 78703-5464
Civir LOTER	Crossover	Contributor Occup	pation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution A \$5,000.00	Amount*

Add Another Contribution Page



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.

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Bruce	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Cash	·
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	4005 Island Knoll Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78746-1985
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Cash Construction Company	Owner
3 CONTRIBUTION	Contribution Date (yyyymmdd) *	(\$) Contribution Amount*
DETAILS	20161027	\$5,000.00

Add Another Contribution Page



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.

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

Add Another Contribution Page



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Highland 620 Land Investment, Ltd.		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	1001 Fannin St	Ste 4700	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Houston	тх	77002-6798
EMPLOYER	Contributor Employer*	Contributor Occupati	ion*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Ame \$2,500.00	ount*

Add Another Contribution Page



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CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Endeavor Real Estate		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 500 W 5th St Contributor City* Austin Contributor Employer*	Contributor Apartme Ste 700 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701-3833
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Am \$10,000.00	ount*

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1			
CONTRIBUTOR NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* TGB Partners		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1705 Guadalupe St Contributor City* Austin Contributor Employer*	Contributor Apartme Ste 500 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701-1272
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Am \$2,500.00	ount*

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

1			
1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	NRE Zone LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	526 University Dr. E	Bldg B	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	College Station	тх	77840-1986
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
3		L	
CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20161028	\$1,250.00	

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

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Brett	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Hurt	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 9102 Atwater Cv Contributor City* Austin Contributor Employer* Self Employed	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78733-3233 Contributor Occupation* Entreprenuer
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Amount* \$5,000.00

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CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Buie &Co LLC		ı
2	Contributor Address/ PO Box*	Contributor Apartme	nt or Suite Number
CONTRIBUTOR	2815 Exposition Blvd	Ste 200	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78703-1208
EMPLOYER	Contributor Employer*	Contributor Occupati	ion*
]	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20161028	\$1,000.00	

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

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Lewis	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2806 Stratford Dr Contributor City* Austin Contributor Employer* Self Employed	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Amount* \$1,000.00

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

CONTRIBUTOR NAME Contributor is an individual	organization name of contributor cast varie, as applicable	Contributor Suffix	
	Epstein		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	5000 Plaza On the Lake	Ste 180	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	ТХ	78746-1087
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	Prophet Capital	Partner	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20161028	\$5,000.00	

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

1			
*			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	LBJ Family Wealth Advisors, Ltd.		
2 CONTRIBUTOR	Contributor Address/ PO Box* 114 W 7th St	Contributor Apartme	ent or Suite Number
ADDRESS AND	Contributor City*	Contributor State*	Contributor Zip Code*
EMPLOYER	Contributor Employer*	Contributor Occupat	78701-3013
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Am \$7,500.00	ount*

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

1 CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Brandywine Realty Trust		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	111 Congress Ave	Ste 3000	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78701-4099
EMPLOYER	Contributor Employer*	Contributor Occupat	ian*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Am \$25,000.00	ount*
WE I CHEW			

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

1		·	
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	•	
	Opportunity Austin		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	535 E 5th St]	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	TX	78701-3725
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION DETAILS	20161028	\$5,000.00	

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1			
CONTRIBUTOR			
NAME			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Catellus Development Corporation		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	66 Franklin St	Ste 200	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Oakland	CA	94607-3726
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
		L	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20161028	\$5,000.00	

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1 CONTRIBUTOR			
NAME Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Bike Austin		
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1000 Brazos St Contributor City* Austin Contributor Employer*	Contributor Apartme Ste 100 Contributor State* TX Contributor Occupat	Contributor Zip Code* 78701-2352
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161029	(\$) Contribution Am	ount*

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