

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:									
3 COMMITTEE NAME  Austin Forward PAC		<b>OFFICE USE ONLY</b>										
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  PO Box 302854 Austin, TX 78703		Date Received   <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DCC RECEIVED AT DEC 17'18 PM4:56</div> Date Hand-delivered or Date Postmarked  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged				
Receipt #	Amount \$											
Date Processed												
Date Imaged												
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI  NICKNAME LAST SUFFIX  Hernandez											
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  710 Colorado Street, unit 6c Austin, TX 78701											
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  PO Box 302854 Austin, TX 78703											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( )											
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit										
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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination										
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">7/16/17</td> <td></td> <td style="text-align: center;">12/14/18</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7/16/17		12/14/18			
Month Day Year	THROUGH	Month Day Year										
7/16/17		12/14/18										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">           ELECTION DATE            Month Day Year            11/8/2015         </td> <td style="width: 70%;">           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month Day Year 11/8/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
ELECTION DATE Month Day Year 11/8/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special											

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE  
PURPOSE

(Attach lists on plain  
paper to complete this  
report if necessary.)

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month / Day / Year

11/8/2016

DESCRIPTION

2016 Mobility Bond

15 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

72.20

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$

0.00

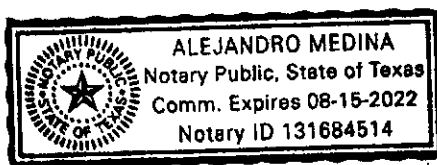
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to  
be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Laura Hernandez, this the 17<sup>th</sup>  
day of December, 20 16, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0.00
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$0.00
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 72.20
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 47.00

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/31/17</b>		5 Payee name <b>Frost Bank</b>			
6 Amount (\$) <b>5.00</b>		7 Payee address; City; State; Zip Code <b>3525 Far West Blvd Austin, TX 78731</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>8/31/17</b>		Payee name <b>Frost Bank</b>			
Amount (\$) <b>8.00</b>		Payee address; City; State; Zip Code <b>3525 Far West Blvd Austin, TX 78731</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Banking</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>8/31/17</b>		Payee name <b>Frost Bank</b>			
Amount (\$) <b>5.00</b>		Payee address; City; State; Zip Code <b>3525 Far West Blvd Austin, TX 78731</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Banking</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9/30/17	5 Payee name Frost Bank
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/17	Payee name Frost Bank
Amount (\$) 5.00	Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/17	Payee name Frost Bank
Amount (\$) 8.00	Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	-------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
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Loan Repayment/Reimbursement  
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Polling Expense  
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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/31/17		<b>5</b> Payee name First Bank			
<b>6</b> Amount (\$) 5.00		<b>7</b> Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 11/7/17		Payee name Money order			
Amount (\$) 28.20		Payee address; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) close account		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/17	5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank fee refund	8 Amount (\$) 5.00
Date 7/12/17	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank fee refund	Amount (\$) 5.00
Date 7/13/17	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank fee refund	Amount (\$) 8.00
Date 8/3/17	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank fee refund	Amount (\$) 5.00

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/17	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) 8.00
6 Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731		
7 Purpose for which amount is received bank fee refund		<input type="checkbox"/> Check if political contribution returned to filer
Date 11/1/17	Name of person from whom amount is received Frost Bank	Amount (\$) 8.00
Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731		
Purpose for which amount is received bank fee refund		<input type="checkbox"/> Check if political contribution returned to filer
Date 11/1/17	Name of person from whom amount is received Frost Bank	Amount (\$) 8.00
Address of person from whom amount is received; City; State; Zip Code 3525 Far West Blvd Austin, TX 78731		
Purpose for which amount is received bank fee refund		<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

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