OCC RECEIVED AT OCT 17'19 AM11:14

1	Committee or O	rganization Name*		
INDIVIDUAL	Unconventional	Austin SPAC		
OR				
ORGANIZATION				
NAME				
Filer is an individual				
2		*		
INDIVIDUAL OR	Address/ PO Box	<b>(*</b>	Apartment or Su	uite Number
ORGANIZATION	309 East 11th		Ste	
ADDRESS	City*		State*	Zip Code*
	Austin		TX	78701
3	T'.1-	Fig. No.	 	
COMMITTEE TREASURER	Title	First Name	 	Middle Initial
NAME	Ms	Sylvia		
(if applicable)	Last Name		 Suffix	
	Pedley			
	A-1-1			
4	Address/ PO Box		Apartment or Su	iite Number
COMMITTEE TREASURER	9405 Lightwood	Cove		
ADDRESS	City		State	Zip Code
(if applicable)	Austin		TX	78748
5	5 . 511 . 17	*		
REPORT DATE	Date Filed (yyyyr 20191017	nmaa) *		
	20191017			

<sup>\*</sup> 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** 

Fred I. Lewis

STATE OF TEXAS

COUNTY OF TRAVIS

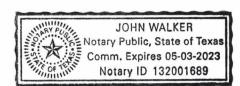
This instrument was acknowledged, sworn to and subscribed before me by

day of October, 2019

, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





# **Expenditure**

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

1 PAYEE	Payee Title Payee First Name*  Lucas	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Burdick	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	1706 E 32nd St	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78722
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Salaries/Wages/Contract labor	\$2,500.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
	campaign staff	20191014

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition B- Support			



# **Expenditure**

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

-		
1		
PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	
Payee is an individual	Paragon Printing	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	10423 McKalla Place	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78758
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Printing Expense	\$12,736.94
DETAILS	Description (If Category is "Other")	Expenditure Date*
	Mail	20191014

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)
Proposition B- Support			



# **Expenditure**

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

1		
PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	
Payee is an individual	Austin Chronicle	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	4000 N Interstate 35 Frontage	
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78751
3	C-4*	(A) 5
5,455,15,15,155	Category*	(\$) Expenditure Amount*
EXPENDITURE	Advertising Expense	\$1,500.00
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20191014

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)
Prop B-Support			



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Zachary  Organization Name or Contributor Last Name, as applicable*  Triplett	Contributor Suffix	
2  CONTRIBUTOR  ADDRESS  AND  EMPLOYER	Contributor Address/ PO Box*  421 W 3rd St  Contributor City*  Austin  Contributor Employer*  Unknown	Contributor Apartm Apt 1208 Contributor State*  TX Contributor Occupa	78701
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution Ar	mount*



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  John Markham  Organization Name or Contributor Last Name, as applicable*  Green	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  98 San Jacinto Blvd  Contributor City*  Austin  Contributor Employer*  retired	Contributor Apartment or Suite Number  Unit 2501  Contributor State* Contributor Zip Code*  TX 78701  Contributor Occupation*  business
3  CONTRIBUTION  DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution Amount* \$10,000.00



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  W Jeff  Organization Name or Contributor Last Name, as applicable*  Black	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  815 A Brazos St  Contributor City*  Austin  Contributor Employer*  retired	Contributor Apartment or Suite Number  #228  Contributor State* Contributor Zip Code*  TX 78701  Contributor Occupation*  retired
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution Amount* \$4,000.00



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Michael  Organization Name or Contributor Last Name, as applicable*  Levy	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* PO BOX 146  Contributor City* Austin  Contributor Employer* retired	Contributor Apartment or Suite Number  Contributor State* Contributor Zip Code*  TX 78767  Contributor Occupation*  publishing
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191009	(\$) Contribution Amount*  \$1,000.00



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Mary  Organization Name or Contributor Last Name, as applicable*  Willis	Contributor Suffix	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  98 San Jacinto  Contributor City*  Austin  Contributor Employer*  retired	Contributor Apartm Unit 2306 Contributor State*  TX Contributor Occupa retired	78701
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution An	nount*



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.

	*	
CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Gopal and Lalitha  Organization Name or Contributor Last Name, as applicable*  Krishnan	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  (8 San Jacinto  Contributor City*  Austin  Contributor Employer*  Cognitive Scale	Contributor Apartment or Suite Number  Unit 1504  Contributor State* Contributor Zip Code*  TX 78701  Contributor Occupation*  Management
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution Amount* \$2,000.00



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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Ruth and James  Organization Name or Contributor Last Name, as applicable*  Pennebacker	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  98 San Jacinto  Contributor City*  Austin  Contributor Employer*  self	Contributor Apartment or Suite Number  608  Contributor State* Contributor Zip Code*  TX
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191008	(\$) Contribution Amount* \$500.00



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*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Sommers	
2		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	98 San Jacinto Blvd	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78702
EMPLOYER	Contributor Employer*	Contributor Occupation*
	retired	retired
3		
CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20191008	\$5,000.00

Add Another Contribution Page