FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 15 00090519 3 COMMITTEE NAME **OFFICE USE ONLY** Had Enough Austin? Date Received **ELECTRONICALLY FILED** 10/26/2020 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6836 Austin Center Blvd., #280 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78731 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ellen NAME NICKNAME LAST **SUFFIX** Wood STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6836 Austin Center Blvd., #280 STREET **ADDRESS** (Residence or Business) Austin, TX 78731 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 450-6550 PHONE REPORT January 15 30th day before election Exceeded \$500 Limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 10/26/2020 10/10/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 11/03/2020 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)
Had Enough Austin?			00090519		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME Casey Ramos			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEI	_D (officeholder)		
		Council Member, District 2			
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI Month	ON DATE Day	Year
OPPOSE (Candidate or Measure)			MOHUI	Бау	reai
ASSIST	Measure	DESCRIPTION			
(Officeholder)		DESCRIPTION			
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THA EES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$60,078.73
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXP	ENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$129,609.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$208,478.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
			n Wood		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	ımpaign Treasur	er	
Sworn to and subscribed	before me, by the said		this the		day
of	_, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administe	ring oath

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 15 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00090519 Had Enough Austin? 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Jennifer Mushtaler (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 6 SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Alison Alter (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 10 SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE X **MEASURE** (Candidate or Measure) **DESCRIPTION** ASSIST (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

4 of 15

17 COMMITTEE NAME Had Enough Austin?		18 Filer ID 00090519	(Ethic	cs Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1. X SCHEDULE A1: MOI	NETARY POLITICAL CONTRIBUTIONS		\$	59,900.00
2. X SCHEDULE A2: NON	N-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	178.73
3. X SCHEDULE B: PLEC	GED CONTRIBUTIONS		\$	30,000.00
4. SCHEDULE C1: MOI ORGANIZATION	NETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$	
5. SCHEDULE C2: NOI LABOR ORGANIZAT	N-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION	ATION OR	\$	
6. SCHEDULE D: PLEE	OGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
7. SCHEDULE E: LOAN	IS		\$	
8. X SCHEDULE F1: POL	ITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	129,609.91
9. SCHEDULE F2: UNF	PAID INCURRED OBLIGATIONS		\$	
10. SCHEDULE F3: PUF	CHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
11. SCHEDULE F4: EXF	ENDITURES MADE BY CREDIT CARD		\$	
12. SCHEDULE H: PAYN	MENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13. SCHEDULE I: NON-F	OLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
14. SCHEDULE K: INTER TO FILER	REST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIB	0110	NS .		SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/15
2	FILER NAME Had Enough	Austin?			3	Filer ID (Ethics Commission Filers) 00090519
4	Date 10/21/2020	 5 Full name of contributor out-of-state Problems Real Estate CO LLC 6 Contributor address; City; State; Zip Code PO Box 161330 	PAC (ID#:_)	7	Amount of Contribution (\$) \$5,000.00
8	Principal occu	Austin, TX 78716 pation / Job title (See Instructions)		9 Employer (See Instructions)	
	Date 10/23/2020	Full name of contributor out-of-state PAC Cassidy, Brian Contributor address; City; State; Zip Code 100 Congress Ave #300 Austin, TX 78701	PAC (ID#:_)		Amount of Contribution (\$) \$3,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Locke Lord)	
	Date 10/13/2020	Full name of contributor out-of-state Procumby Development LLC Contributor address; City; State; Zip Code 9229 Waterford Center Blvd	PAC (ID#:_			Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 10/14/2020	Full name of contributor out-of-state Pa Glasgow, William Contributor address; City; State; Zip Code 2901 Via 6, Fortuna Bldg Ste 550 Austin, TX 78746	. –			Amount of Contribution (\$) \$10,000.00
		pation / Job title (See Instructions) on & Partners , LLC		Employer (See Instructions Investor Private Equity)	
	Date 10/15/2020	Full name of contributor out-of-state Program, Rex Contributor address; City; State; Zip Code 1304 W Oltorf Street Austin, TX 78704)		Amount of Contribution (\$) \$9,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions PJS of Texas)	
			·			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/15	
2	FILER NAME Had Enough				3	Filer ID (Ethics Commiss 00090519	ion Filers)
4	Date 10/20/2020	 Full name of contributor Green, John Markham Contributor address; City; St 98 San Jacinto Blvd Building Unit FSR 2501 Austin, TX 78701 			7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	<u> </u> 5)		
	Date 10/13/2020	Full name of contributor Hock, Stacy Contributor address; City; St 3331 Westlake Drive Austin, TX 78746	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu TX Victory C	pation / Job title (See Instructions)	Employer (See Instructions Republican Party of Tex			
	Date 10/21/2020	Full name of contributor Lance, D Kent Contributor address; City; St 7 Nob Hill Circle	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Real Estate	Austin, TX 78746 Ipation / Job title (See Instructions Partner)	Employer (See Instructions Hill Partners	<u> </u> ;)		
	Date 10/14/2020	Full name of contributor Lee, Brian Contributor address; City; St 303 Colorado Suite 2300 Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	I upation / Job title (See Instructions)	Employer (See Instructions DuBois Bryant & Campb			
	Date 10/21/2020	Full name of contributor Smitheal, Elizabeth Contributor address; City; St 2019 Calle Caliche Austin, TX 78733	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10,000.00
	Principal occu Homemaker	upation / Job title (See Instructions		Employer (See Instructions Self employed	<u>.</u> ;)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/15	
2	FILER NAME Had Enough	ı Austin?			3	Filer ID (Ethics Commission 00090519	on Filers)
4	Date 10/21/2020	5 Full name of contributor Stevens, Jennifer6 Contributor address; City; Standard Hedge Lane			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu President	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions JHL	<u> </u> s)		
	Date 10/21/2020	Full name of contributor Todd, Bruce Contributor address; City; St 7629 Rockpoint Drive Austin, TX 78731	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu Of Counsel	pation / Job title (See Instructions)	Employer (See Instructions Bruce Todd Public Affai			
	Date 10/14/2020	Full name of contributor Trull, R. Scott Contributor address; City; St. 3704 Eastledge Drive	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	President			Three Grains Corporation	on		
	Date 10/19/2020	Full name of contributor Umstaddt, Hales Contributor address; City; St. 1205 Norwalk Lane Unit A Austin, TX 78703	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions Broker		Employer (See Instructions Transwestern Austin	s)		
	Date 10/13/2020	Full name of contributor Valdez, Gary Contributor address; City; St. 7126 Valburn Austin, TX 78731	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Focus Strategies	s)		

MONET	TARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE A1
The Instru	action Guide explains how to complete this f	forr	n.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/15
2 FILER NAME Had Enough				3	Filer ID (Ethics Commission Filers) 00090519
4 Date 10/21/2020	 Full name of contributor out-of-state PAC (ID#: Wroe, William Contributor address; City; State; Zip Code 1405 Woolridge Drive Austin, TX 78703)	7	Amount of Contribution (\$) \$50.00
8 Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions Ascension	<u>. </u>	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Had Enough Austin? 00090519 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2020 virtualcfo, Inc. \$178.73 Go Daddy domain name 7 Contributor address; City; State; Zip Code registrations 6836 Austin Center Blvd Building 1 Ste 280 Austin, TX 78731 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDO	GED CONTRIBUTI	ONS			SCHEDULE B
The	Instruction Guide explai	ns how to comple	te this form.	1 Total pages Sche Sch: 1/1 Rpt: 1	
2 FILER NAM Had Enoug					nics Commission Filers)
4	F UNITEMIZED PLEDGES	6		\$	0.00
5 Date	6 Full name of pledgor Yokubaitis, Jonah	out-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
10/12/2020	1110 Old Walsh Tarlton	City; State; Zip Code		\$10,000.00	; ! ! !
	Austin, TX 78746			Check if travel outs	side of Texas. Complete Schedule T.
	cupation / Job title (See Instruction nd Investor	ins)	11 Employer (See Instr Retired	uctions)	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8 Amount of	9 In-kind description
	Yokubaitis, Jonah		·	pledge (\$)	(If applicable)
	7 Pledgor Address;	City; State; Zip Code		\$20,000.00	<u> </u>
10/25/2020	1110 Old Walsh Tarlton	,			! !
					1
	Austin, TX 78746			Chock if travel outs	i side of Texas. Complete Schedule T.
40 Dringing Lag	l.		144 - 1 10 1 1	<u> </u>	side of Texas. Complete Schedule 1.
	cupation / Job title (See Instruction and Investor	nis)	11 Employer (See Instr Retired	uctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 11/15	Had Enough Austin?		00090519
4	Date	5 Payee name		<u>'</u>
l	10/13/2020	Aro Group, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$50,000.00	2509 Lazy Oaks Drive		
l				
l		Austin, TX 78745		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	,		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense PAC-Canvassing Campaign
l				1 AC-Canvassing Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
	expenditure to benefit C/O		.g	C.IISC IISC
⊨	Date	Payee name		
l	10/21/2020	Aro Group, LLC		
⊢	Amount (\$)	Payee address; City; State; Zip Co	nde	
l	\$30,000.00	2509 Lazy Oaks Drive	Juc	
l	400,000.00	2000 Eazy Gaile Bille		
l		Austin, TX 78745		
⊢	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule)	(5)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				PAC-Canvassing Campaign
L			L	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
┕	· 			
l	Date	Payee name		
L	10/21/2020	Aro Group, LLC		
l	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$1,780.00	2509 Lazy Oaks Drive		
l				
L		Austin, TX 78745		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Charles to travel outside of Tourse Complete Schoolule T
l	EXPENDITURE			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Data and voter software (2 months)
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor 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 Fi	ilers)
	Sch: 2/5 Rpt: 12/15	Had Enough Austin? 00090519	
4	Date	5 Payee name	
	10/21/2020	Aro Group, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$988.33	2509 Lazy Oaks Drive	
		Austin, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense 2-SIDED PUSH UP CARDS	
		2-SIDED POSH OF CARDS	
_	Compulate ONII V if direct	Condidate/Office helder no rec	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
\vdash	Date	Davide name	
	10/21/2020	Payee name	
		Aro Group, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$144.00	2509 Lazy Oaks Drive	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website hosting services	
		vessile nesting services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	10/23/2020	Aro Group, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2509 Lazy Oaks Drive	
	, , , , , ,		
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Website development Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website development	
	Operation ONE V. C. P.	Out tile to 10 ff and to 1 de la constant de la con	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
For	me provided by Tayas E	thics Commission was athics state type Version V2.1.e7	h62aaf

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (entry a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 3/5 Rpt: 13/15	Had Enough Austin? 00090519
4	Date	5 Payee name
	10/23/2020	Aro Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,500.00	2509 Lazy Oaks Drive
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Digital Marketing
		Digital Warkering
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	
		Payee name
	10/23/2020	Aro Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,250.00	2509 Lazy Oaks Drive
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC - Management Fee
		TAC - Management 1 ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 10/18/2020	Payee name Genesis Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,207.24	P.O. Box 18297
		Fountain Hills, AZ 85269
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting for D2 GOP+DEM, D6 GOP+DEM, D10
		GOP+DEM
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commi

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 4/5 Rpt: 14/15	Had Enough Austin? 00090519
4	Date	5 Payee name
	10/26/2020	Genesis Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,265.00	P.O. Box 18297
		Fountain Hills, AZ 85269
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Texting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/15/2020	Paragon Printing and Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,268.49	10423 Mc Kalla Place
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		22454 8x11 Mailer - 4/4 - Gloss 100C White
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- p	
	Date	Payee name
	10/14/2020	Paragon Printing and Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,490.00	10423 Mc Kalla Place
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		12160 8x11 Mailer - 4/4 - Gloss 100C White
	Operation ONE VIII II	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

l	Credit Card Payment	The Instruction Guide explains how to co	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
	Sch: 5/5 Rpt: 15/15	Had Enough Austin?	0009	0519
4	Date	5 Payee name		
	10/26/2020	Paragon Printing and Mailing		
6	Amount (\$)	7 Payee address; City; State; Zip Co		
	\$8,275.20	10423 Mc Kalla Place		
		Austin, TX 78758		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
	OF EXPENDITURE	Printing Expense	Check if travel outside of Te	
			Check if Austin, TX, officeho	
			8.5x11" glossy cards	and man services
9	Complete ONLY if direct	Candidate/Officeholder name Office sou		office held
	expenditure to benefit C/O			mice neid
_	Date	Davisa nama		
	10/18/2020	Payee name Southside Printing		
		,		
	Amount (\$) \$988.33	Payee address; City; State; Zip Co 3005 S Lamar Boulevard		
	Φ900.33			
		Suite B-100		
		Austin, TX 78704		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description	0 1.01.11.7
	EXPENDITURE	Printing Expense	Check if travel outside of Te	
l	EXI ENDITORE		Check if Austin, TX, officeho	lder living expense
	EXI ENDITORE		Check if Austin, TX, officeho 2-SIDED PUSH UP C	
	EX ENDITORIE			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	2-SIDED PUSH UP C	
			2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct		2-SIDED PUSH UP C	ARDS
_	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	1	2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct expenditure to benefit C/OlDate	Payee name	2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct expenditure to benefit C/OhDate 10/26/2020	Payee name Southside Printing	2-SIDED PUSH UP C	ARDS
_	Complete ONLY if direct expenditure to benefit C/OhDate 10/26/2020 Amount (\$)	Payee name Southside Printing Payee address; City; State; Zip Co	2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct expenditure to benefit C/OhDate 10/26/2020 Amount (\$)	Payee name Southside Printing Payee address; City; State; Zip Cc 3005 S Lamar Boulevard	2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct expenditure to benefit C/OhDate 10/26/2020 Amount (\$)	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704	2-SIDED PUSH UP C	ARDS
	Complete ONLY if direct expenditure to benefit C/OFDate 10/26/2020 Amount (\$) \$3,953.32	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100	Description Check if travel outside of Te	ARDS office held axis. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Oh Date 10/26/2020 Amount (\$) \$3,953.32	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te	ARDS office held xas. Complete Schedule T. Ider living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 10/26/2020 Amount (\$) \$3,953.32	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te	ARDS office held xas. Complete Schedule T. Ider living expense
	Complete ONLY if direct expenditure to benefit C/On Date 10/26/2020 Amount (\$) \$3,953.32 PURPOSE OF EXPENDITURE	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Te Check if Austin, TX, officehor Push card printing and	ARDS office held exas. Complete Schedule T. lder living expense d mailing services
	Complete ONLY if direct expenditure to benefit C/OFDate 10/26/2020 Amount (\$) \$3,953.32	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Office sou	Description Check if travel outside of Te Check if Austin, TX, officehor Push card printing and	ARDS office held xas. Complete Schedule T. Ider living expense
	Complete ONLY if direct expenditure to benefit C/Onterest Date 10/26/2020 Amount (\$) \$3,953.32 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Office sou	Description Check if travel outside of Te Check if Austin, TX, officehor Push card printing and	ARDS office held exas. Complete Schedule T. lder living expense d mailing services
	Complete ONLY if direct expenditure to benefit C/Onterest Date 10/26/2020 Amount (\$) \$3,953.32 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Southside Printing Payee address; City; State; Zip Co 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Office sou	Description Check if travel outside of Te Check if Austin, TX, officehor Push card printing and	ARDS office held exas. Complete Schedule T. lder living expense d mailing services