Report of Direct Campaign Expenditures:ATX.1 COVERSHEET					
1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #			
IVAIVIL	LAST; SUFFIX Had Enough Austin?	ACCOUNT # 00090519			
	Tidd Enough / dodin.	OFFICE	USE ONLY		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6836 Austin Center Blvd Bld 1 Ste 280 Austin, TX 78731	Date Received ELECTRONIC 11/02/2020 Receipt #	ALLY FILED		
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount		
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed			
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Date Imaged				
	Ellen				
	Wood				
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6836 Austin Center Blvd Bld 1 Ste 280				
	Austin, TX 78731				

Expenditure				FORM ATX1EXPEND
1 FILER NAME Had Enough Austin?		2 FILER ID 00090519		3 Total pages Schedule ATX8EXPEND:
riad Enough / idolin.		0000010		Sch: 1/2 Rpt: 2/4
4 PAYEE NAME	LAST FIRST MI Genesis Strategie	es, LLC		
5 PAYEE ADDRESS		apartment/suit#; City;	State; Zip	Code
	P.O Box 18297			
	Fountain Hills , A	Z 85269		
6 EXPENDITURE DETAILS	(a) Category Advertising Ex	pense	(b) Description	
	-	•		
	(c) Date 11/01/2020		(d) Amount (\$)	
	11/01/2020		\$487.20	
7 Complete ONLY if	(a) Candidate/Office	eholder name	(b) Ballot measu	ure supported/opposed
candidate or ballot measure suported/opposed		uffix; FirstName; Title		.,
Superiou, opposes			(CHEC	K IF BALLOT MEASURE)
	(c) Office sought		(d) Office held	

Expenditure				FORM ATX1EXPEND
1 FILER NAME Had Enough Austin?		2 FILER ID 00090519		3 Total pages Schedule ATX8EXPEND:
riad Enough / taban .		0000010		Sch: 2/2 Rpt: 3/4
4 PAYEE NAME	LAST FIRST MI Aro Group, LLC			
5 PAYEE ADDRESS		apartment/suit#; City;	State; Zip	Code
	2509 Lazy Oaks	Drive		
	Austin, TX 78745			
6 EXPENDITURE DETAILS	(a) Category Advertising Ex	pense	(b) Description	
	(c) Date 11/01/2020		(d) Amount (\$) \$301.08	
7 Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su	eholder name ffix; FirstName; Title		re supported/opposed K IF BALLOT MEASURE)
	(c) Office sought		(d) Office held	

Report of Direct Campaign Expenditures: ATX.1

AFFIDAVIT

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This information serves as the electronic signature of the person legally responsible for filing this report.		
	I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.	
	Had Enough Austin?	
	Signature of Filer	
	-	
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