Correction Affidavit For Report of Direct Campaign Expenditures

FORM COR-ATX1

1 Filer ID (Ethics Commission Filers) 00090519	**2** Total pages filed: 9	**OFFICE USE ONLY**
3 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	Date Received: ELECTRONICALLY FILED 12/07/2020
	LAST; SUFFIX: Had Enough Austin?	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ Final Report (Attach C/OH-FR) ☒ Other (specify) ATX1	Receipt # / Amount
5 ORIGINAL PERIOD COVERED	Month Day Year: 11/17/2020 THROUGH Month Day Year: 11/18/2020	Date Processed / Date Imaged

6 EXPLANATION OF CORRECTION

A pledged contribution reported on the originally filed ATX1 report has been unpledged by the donor and removed from the previously reported contributions.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Had Enough Austin?

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Report of Direct Campaign Expenditures:ATX.1
COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI LAST; SUFFIX Had Enough Austin?	PAGE # 9 ACCOUNT # 00090519 **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 ☐ (CHECK IF FILER'S HOME ADDRESS)	Date Received ELECTRONICALLY FILED 12/07/2020 Receipt # HD / PM | Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Ellen Wood	Date Imaged
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	2 FILER ID	3 Total pages Schedule ATX8EXPEND:
Had Enough Austin?	00090519	Sch: 1/2 Rpt: 3/9

4 PAYEE NAME	LAST FIRST MI Grassroots Targeting	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 106 S Columbus Street Alexandria, VA 22314	
6 EXPENDITURE DETAILS	**(a)** Category Polling Expense	**(b)** Description
	(c) Date 11/18/2020	**(d)** Amount ($) $41,000.00
7 Complete ONLY if candidate or ballot measure suported/opposed	**(a)** Candidate/Officeholder name LastName; Suffix; FirstName; Title	**(b)** Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought	**(d)** Office held

Expenditure

FORM ATX1EXPEND

1 FILER NAME	2 FILER ID	3 Total pages Schedule ATX8EXPEND:
Had Enough Austin?	00090519	Sch: 2/2 Rpt: 4/9

4 PAYEE NAME	LAST FIRST MI Southside Printing	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3005 S Lamar Blvd Austin, TX 78704	
6 EXPENDITURE DETAILS	**(a)** Category Printing Expense	**(b)** Description
	(c) Date 11/18/2020	**(d)** Amount ($) $792.39
7 Complete ONLY if candidate or ballot measure suported/opposed	**(a)** Candidate/Officeholder name LastName; Suffix; FirstName; Title	**(b)** Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought	**(d)** Office held

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1: Sch: 1/4 Rpt: 5/9

2 FILER NAME: Had Enough Austin?

3 Filer ID (Ethics Commission Filers): 00090519

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/18/2020	Beasley, H Kent	$50.00
	6 Contributor address; City; State; Zip Code: 4517 Triangle Ave #501, Austin, TX 78751	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
MD	Capital Medical Clinic

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Clement, Robert L	$100.00
	Contributor address; City; State; Zip Code: 2709 Hillview Green Lane Austin TX 78703, Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MD	Robert L. Clement, MD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Dyer, Don	$10,000.00
	Contributor address; City; State; Zip Code: 3301 Big Bend, Austin, TX 78731	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	PJS of Texas, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/18/2020	Fanning, Thomas	$50.00
	Contributor address; City; State; Zip Code: 801 W 5th Street, Apt 1403, Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	Southern Company

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Gore, Rex	$5,000.00
	Contributor address; City; State; Zip Code: 1304 W Oltorf Street, Austin, TX 78704	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	PJS

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1: Sch: 2/4 Rpt: 6/9

2 FILER NAME: Had Enough Austin?

3 Filer ID (Ethics Commission Filers): 00090519

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/17/2020	Green, John Markham	$2,500.00
	6 Contributor address; City; State; Zip Code: 98 San Jacinto Blvd Building Unit FSR 2501 Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Gross, Robert and Sharon	$50.00
	Contributor address; City; State; Zip Code: 8206 Daleview Drive Austin, TX 78757	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	Retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Humble, Monty	$100.00
	Contributor address; City; State; Zip Code: 1000 The High Road West Lake Hills, TX 78746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	Brightman Energy

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/18/2020	Huthnance, Robert	$100.00
	Contributor address; City; State; Zip Code: 4001 Harbor Light CV Austin, TX 78731	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	Frost

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	M5 LLC	$2,500.00
	Contributor address; City; State; Zip Code: 2515 Woolridge Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1: Sch: 3/4 Rpt: 7/9

2 FILER NAME: Had Enough Austin?

3 Filer ID (Ethics Commission Filers): 00090519

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
11/17/2020	Maund Family, LP	$10,000.00
	6 Contributor address; City; State; Zip Code: PO Box 1608 Austin, TX 78767	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/18/2020	Rutledge, TA	$100.00
	Contributor address; City; State; Zip Code: 10703 Windridge Dr Austin, TX 78759	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lawyer	TA Rutledge

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/18/2020	Taylor, Timothy	$500.00
	Contributor address; City; State; Zip Code: 1902 Stamford Lane Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Laywer	Jackson Walker

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Wallace, Jonathan and Jana	$300.00
	Contributor address; City; State; Zip Code: 1307 The Circle Austin, TX 78704	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Principal	Chicago Luxury Beds

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/17/2020	Walsh, Michael	$100.00
	Contributor address; City; State; Zip Code: 116 Rockin Robin Horseshoe Bay, TX 78657	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate Agent	TRAILS OF HORSESHOE BAY

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1:
Sch: 4/4 Rpt: 8/9

2 FILER NAME
Had Enough Austin?

3 Filer ID (Ethics Commission Filers)
00090519

4 Date
11/17/2020

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Yokubaitis, Jonah

6 Contributor address; City; State; Zip Code
1110 Old Walsh Tarlton

Austin, TX 78746

7 Amount of Contribution ($)
$20,000.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Manager and Investor

Report of Direct Campaign Expenditures:

ATX.1

AFFIDAVIT

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