Correction Affidavit For Report of Direct Campaign Expenditures

FORM **COR-ATX1**

1 Filer ID (Ethics Commission Filers) 00090519	**2** Total pages filed: 12	**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: 11/24/2020 THROUGH Month Day Year: 11/30/2020	Date Processed / Date Imaged

6 EXPLANATION OF CORRECTION

The original amount of an committed expenditure of $32,164 for printing services originally reported on form ATX1 was paid and settled in full with the supplier for the final amount of $30,160.21.

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 # 12 ACCOUNT # 00090519
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)	**OFFICE USE ONLY** Date Received ELECTRONICALLY FILED 12/07/2020 Receipt # HD / PM | Amount Date Processed Date Imaged
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX 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	2 FILER ID	3 Total pages Schedule ATX8EXPEND:
Had Enough Austin?	00090519	Sch: 1/6 Rpt: 3/12

4 PAYEE NAME	LAST FIRST MI Vera, Bobby	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 130 Niven Path Jarrell, TX 76537	
6 EXPENDITURE DETAILS	**(a)** Category Advertising Expense	**(b)** Description
	(c) Date 11/29/2020	**(d)** Amount ($) $900.00
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: 2/6 Rpt: 4/12

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 11/30/2020	**(d)** Amount ($) $3,000.00
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: 3/6 Rpt: 5/12

4 PAYEE NAME	LAST FIRST MI Freach Design	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1401 Wilshire Blvd. Austin, TX 78722	
6 EXPENDITURE DETAILS	**(a)** Category Advertising Expense	**(b)** Description
	(c) Date 11/30/2020	**(d)** Amount ($) $9,600.00
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: 4/6 Rpt: 6/12

4 PAYEE NAME	LAST FIRST MI Aro Group, LLC	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 2509 Lazy Oaks Drive Austin, TX 78745	
6 EXPENDITURE DETAILS	**(a)** Category Other	**(b)** Description PAC - Canvassing
	(c) Date 11/30/2020	**(d)** Amount ($) $25,000.00
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: 5/6 Rpt: 7/12

4 PAYEE NAME	LAST FIRST MI Aro Group, LLC	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 2509 Lazy Oaks Drive Austin, TX 78745	
6 EXPENDITURE DETAILS	**(a)** Category Consulting Expense	**(b)** Description
	(c) Date 11/30/2020	**(d)** Amount ($) $6,250.00
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: 6/6 Rpt: 8/12

4 PAYEE NAME	LAST FIRST MI Paragon Printing & Mailing	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 10423 Mc Kalla Pl, Austin Austin, TX 78758	
6 EXPENDITURE DETAILS	**(a)** Category Advertising Expense	**(b)** Description
	(c) Date 11/30/2020	**(d)** Amount ($) $30,160.21
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: 1/3 Rpt: 9/12

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 ($)
11/24/2020	Brown, J. Tim	$500.00
	6 Contributor address; City; State; Zip Code: 2201 Exposition Blvd Apt B Austin, TX 78703	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Investor	J Tim Brown Investments

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Crouch, Gregory and Dawn Stone	$5,000.00
	Contributor address; City; State; Zip Code: 3206 Rivercrest Dr Austin, TX 78746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Agent and Officer	GREGORY K. AND DAWN STONE CROUCH FAMILY, LTD.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/25/2020	Daugherty, Gerald	$1,000.00
	Contributor address; City; State; Zip Code: 1403 Club Ridge Dr Austin, TX 78703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner P3	Travis County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Gray, J Kelly	$2,000.00
	Contributor address; City; State; Zip Code: PO Box 26800 Austin, TX 75755	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	Service Lloyds Insurance Company

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Jabour, David	$500.00
	Contributor address; City; State; Zip Code: 4702 Lookuut Mountain CV Austin, TX 78731	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	Twin Liquors

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1: Sch: 2/3 Rpt: 10/12

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 ($)
11/24/2020	Jabour, Margaret	$500.00
	6 Contributor address; City; State; Zip Code: 6216 Ledge Mountain Dr Austin, TX 78731	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Owner/Executive Vice President	Twin Liquors

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Johnson, Mark	$100.00
	Contributor address; City; State; Zip Code: 500 W. 5th Street, Suite 100 Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Vice President	IBC Bank

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Lewis, John (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: 3839 Bee Caves Road Suite 204 Austin, TX 78746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	John Lewis Co

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Mansour, Sarah and James	$5,000.00
	Contributor address; City; State; Zip Code: 3824 Hunterwood Pt Austin, TX 78746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	JAMES AND SARAH MANSOUR FOUNDATION

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
11/24/2020	Morrison, Mary (Mrs. Charles)	$300.00
	Contributor address; City; State; Zip Code: 2902 Greenlee Drive Austin, TX 78701	

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

Contribution

FORM ATX1CONTRIB

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ATX1:
Sch: 3/3 Rpt: 11/12

2 FILER NAME
Had Enough Austin?

3 Filer ID (Ethics Commission Filers)
00090519

4 Date
11/24/2020

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

6 Contributor address; City; State; Zip Code
3201 Aztec Fall CV

Austin, TX 78746

7 Amount of Contribution ($)
$10,000.00

8 Principal occupation / Job title (See Instructions)
Dealer Principal/Owner

9 Employer (See Instructions)
Lexus of Austin

Date
11/24/2020

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Wood, Ellen (Ms.)

Contributor address; City; State; Zip Code
6836 Austin Center Boulevard
1-280
Austin, TX 78731

Amount of Contribution ($)
$3,000.00

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
vcfo

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