



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT  
OCT 17 '19 AM 11:14

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Unconventional Austin SPAC</div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <div>309 East 11th</div> City* <div>Austin</div> Apartment or Suite Number <div>Ste</div> State* <div>TX</div> Zip Code* <div>78701</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title <div>Ms</div> First Name <div>Sylvia</div> Middle Initial <div></div> Last Name <div>Pedley</div> Suffix <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box <div>9405 Lightwood Cove</div> City <div>Austin</div> Apartment or Suite Number <div></div> State <div>TX</div> Zip Code <div>78748</div>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <div>20191017</div>

\* Indicates a required field



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## 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.

DATE: 10-17-19

[Signature]

AFFIANT'S SIGNATURE

Fred I. Lewis

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Fred Lewis

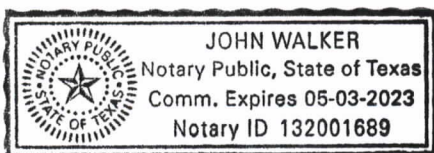
On the 17 day of October, 2019, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

John Walker

Typed or Printed Name of Notary













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## Contribution

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.

<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Zachary	Contributor Apartment or Suite Number Apt 1208
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Organization Name or Contributor Last Name, as applicable* Triplett	Contributor Suffix  	Contributor City* Austin
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contributor Address/ PO Box* 421 W 3rd St	Contributor State* TX	Contributor Zip Code* 78701
		Contributor Employer* Unknown	Contributor Occupation* Unknown	Contribution Date (yyyymmdd)* 20191008
				(\$) Contribution Amount* \$10,000.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* John Markham  Organization Name or Contributor Last Name, as applicable* Green  Contributor Suffix 
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 98 San Jacinto Blvd  Contributor City* Austin  Contributor Employer* retired  Contributor Apartment or Suite Number Unit 2501  Contributor State* TX  Contributor Zip Code* 78701  Contributor Occupation* business
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20191008  (\$) Contribution Amount* \$10,000.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  Contributor First Name* W Jeff	Organization Name or Contributor Last Name, as applicable* Black	Contributor Suffix 				
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 815 A Brazos St	Contributor Apartment or Suite Number #228	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78701	Contributor Employer* retired	Contributor Occupation* retired
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20191008	(\$ ) Contribution Amount* \$4,000.00					





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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Michael	Organization Name or Contributor Last Name, as applicable* Levy	Contributor Suffix  	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* PO BOX 146	Contributor Apartment or Suite Number  	Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78767
<b>3</b>	<b>CONTRIBUTOR DETAILS</b>	Contributor Employer* retired	Contributor Occupation* publishing	Contribution Date (yyyymmdd)* 20191009	(\$ ) Contribution Amount* \$1,000.00	



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Mary"/>
<input checked="" type="checkbox"/>	Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Willis"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="98 San Jacinto"/>	Contributor Apartment or Suite Number <input type="text" value="Unit 2306"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78701"/>	
		Contributor Employer* <input type="text" value="retired"/>	Contributor Occupation* <input type="text" value="retired"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191008"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Gopal and Lalitha"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Krishnan"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="(8 San Jacinto"/>	Contributor Apartment or Suite Number <input type="text" value="Unit 1504"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78701"/>	
		Contributor Employer* <input type="text" value="Cognitive Scale"/>	Contributor Occupation* <input type="text" value="Management"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191008"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Ruth and James
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Organization Name or Contributor Last Name, as applicable* Pennebacker	Contributor Suffix  
<b>3</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 98 San Jacinto	Contributor Apartment or Suite Number 608
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78701	
		Contributor Employer* self	Contributor Occupation* writer
<b>3</b>	<b>CONTRIBUTOR DETAILS</b>	Contribution Date (yyyymmdd)* 20191008	(\$ ) Contribution Amount* \$500.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Robin"/>	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Sommers"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="98 San Jacinto Blvd"/>		Contributor Apartment or Suite Number <input type="text"/>	
		Contributor City* <input type="text" value="Austin"/>		Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78702"/>
		Contributor Employer* <input type="text" value="retired"/>		Contributor Occupation* <input type="text" value="retired"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191008"/>		(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>	

Add Another Contribution Page