



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT
OCT 25 '19 PM4:45

1	INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Unconventional Austin SPAC		
2	INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 309 East 11th		Apartment or Suite Number Ste 2
		City* Austin	State* TX	Zip Code* 78701
3	COMMITTEE TREASURER NAME (if applicable)	Title Ms	First Name Sylvia	Middle Initial
		Last Name Pedley	Suffix 	
4	COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 9405 Lightwood Cove		Apartment or Suite Number
		City Austin	State TX	Zip Code 78748
5	REPORT DATE	Date Filed (yyyymmdd)* 20191025		

* 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: 10/25/19

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

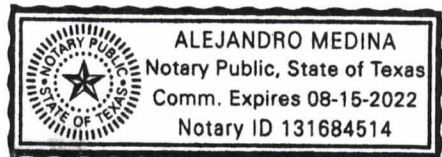
Fred Lewis

On the 25th day of October, 2019, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <div>Paragon Printing</div>		
2 PAYEE ADDRESS	Payee Address/ PO Box* <div>10423 McCalla Place</div> Payee City* <div>Austin</div>		Payee Apartment or Suite Number <div></div> Payee State* <div>TX</div> Payee Zip Code* <div>78758</div>
3 EXPENDITURE DETAILS	Category* <div>Printing Expense</div> Description (If Category is "Other") <div></div>		(\$) Expenditure Amount* <div>\$21,878.00</div> Expenditure Date* <div>20191024</div>

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* RoboCent		
2	PAYEE ADDRESS	Payee Address/ PO Box* 2129 General Booth Blvd #103	Payee Apartment or Suite Number 	
		Payee City* Virginia Beach	Payee State* VA	Payee Zip Code* 23454
3	EXPENDITURE DETAILS	Category* Other (use Description field)	(\$) Expenditure Amount* \$1,720.80	
		Description (If Category is "Other") Robocalling	Expenditure Date* 20191024	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Proposition B- Support			



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1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Vici Media		
2	PAYEE ADDRESS	Payee Address/ PO Box* 7701 Rialto Boulevard	Payee Apartment or Suite Number 	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78735
3	EXPENDITURE DETAILS	Category* Advertising Expense	(\$*) Expenditure Amount* \$4,438.67	
		Description (If Category is "Other") 	Expenditure Date* 20191024	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop B-Support			



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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.

1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="James"/>	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Skaggs"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4700 Toreador"/>		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="78746"/>
		Contributor Employer* <input type="text" value="self"/>		Contributor Occupation* <input type="text" value="investor"/>	
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20191024"/>		(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>	



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Linda"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Bull"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="PO Box 235"/>	Contributor Apartment or Suite Number <input type="text" value="Unit 2501"/>
		Contributor City* <input type="text" value="Riviera"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78739"/>	
		Contributor Employer* <input type="text" value="self-employed"/>	Contributor Occupation* <input type="text" value="self- various"/>
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20191024"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<div>Contributor Title</div> <div>Contributor First Name*</div> <div>Augusto</div> <div>Organization Name or Contributor Last Name, as applicable*</div> <div>Villalon</div> <div>Contributor Suffix</div>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<div>Contributor Address/ PO Box*</div> <div>13240 Villa Montana Way</div> <div>Contributor Apartment or Suite Number</div> <div>Contributor City*</div> <div>Austin</div> <div>Contributor State*</div> <div>TX</div> <div>Contributor Zip Code*</div> <div>78732</div> <div>Contributor Employer*</div> <div>Account director</div> <div>Contributor Occupation*</div> <div>Freese and Nichols</div>
3 CONTRIBUTION DETAILS	<div>Contribution Date (yyyymmdd)*</div> <div>20191024</div> <div>(\$) Contribution Amount*</div> <div>\$500.00</div>



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="John Markham"/>	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Green"/>	Contributor Suffix <input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	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="78701"/>
		Contributor Employer* <input type="text" value="retired"/>	Contributor Occupation* <input type="text" value="retired"/>			
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20191024"/>	(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>			



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



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="NA"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="NA"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text"/>	
		Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>	(\$) Contribution Amount* <input type="text"/>



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1	CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="NA"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="NA"/>	Contributor Suffix <input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text"/>	
		Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3	CONTRIBUTOR DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>	(\$) Contribution Amount* <input type="text"/>



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	Organization Name or Contributor Last Name, as applicable* <input type="text" value="NA"/>	Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text"/>	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"/>	
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text"/>	(\$) Contribution Amount* <input type="text"/>

Add Another Contribution Page