



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

OCC RECEIVED AT  
NOV 1 '19 AM 10:57

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Unconventional Austin SPAC		
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* 309 East 11th St		Apartment or Suite Number Ste 2
	City* Austin	State* TX	Zip Code* 78701
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	Title  First Name Sylvia Middle Initial  Last Name Pedley Suffix 		
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	Address/ PO Box 9405 Lightwood Cove		Apartment or Suite Number  City Austin
	State TX	Zip Code 78748	
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* 20191101		

\* 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: Nov 1 2019

[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

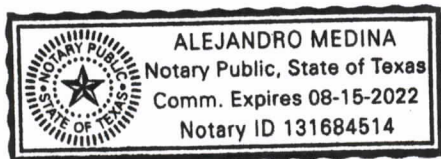
On the 1 day of November, 2019, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary









**Report Of Direct Campaign Expenditures: Schedule ATX.1**  
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**Expenditure**

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

1	<div>PAYEE NAME</div> <div><input type="checkbox"/> Payee is an individual</div>	<div>Organization Name or Payee Last Name, as applicable*</div> <div>Vici Media</div>					
2	<div>PAYEE ADDRESS</div>	<div>Payee Address/ PO Box*</div> <div>7701 Rialto Blvd</div>	<div>Payee Apartment or Suite Number</div> <div></div>	<div>Payee City*</div> <div>Austin</div>	<div>Payee State*</div> <div>TX</div>	<div>Payee Zip Code*</div> <div>78735</div>	
3	<div>EXPENDITURE DETAILS</div>	<div>Category*</div> <div>Advertising Expense</div>	<div>(\$) Expenditure Amount*</div> <div>\$4,507.60</div>		<div>Description (If Category is "Other")</div> <div>facebook ads</div>		<div>Expenditure Date*</div> <div>20191031</div>

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.

<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Carolyn"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Yokubaitis"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="2500 Bee Caves Road, Bldg 1"/>	Contributor Apartment or Suite Number <input type="text" value="Ste 400"/>
		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="Data Foundry"/>	Contributor Occupation* <input type="text" value="Owner"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191030"/>	(\$ ) Contribution Amount* <input type="text" value="\$1,000.00"/>



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1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title  	Contributor First Name* Ron and Suzanne
		Organization Name or Contributor Last Name, as applicable* Harris	Contributor Suffix  
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 301 Brent Tree Ct	Contributor Apartment or Suite Number  
		Contributor City* Austin	Contributor State* TX
		Contributor Zip Code* 78746	
		Contributor Employer* Harris Preston Partners	Contributor Occupation* Investor
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20191030	(\$ ) Contribution Amount* \$5,000.00





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1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Thomas"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Triplett"/>	Contributor Suffix <input type="text"/>
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="14334 Caribe St"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Corpus Christi"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78418"/>	
		Contributor Employer* <input type="text" value="unknown"/>	Contributor Occupation* <input type="text" value="unknown"/>
3	<b>CONTRIBUTOR DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191030"/>	(%) Contribution Amount* <input type="text" value="\$5,000.00"/>



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1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Carol"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Harper"/>	Contributor Suffix <input type="text"/>
2	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="3801 Overbrook Ln"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Houston"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="77027"/>	
		Contributor Employer* <input type="text" value="retired"/>	Contributor Occupation* <input type="text" value="retired"/>
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191030"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



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1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Frank and Margaret"/>
		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Krasovec"/>	Contributor Suffix <input type="text"/>
2	<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="78701"/>	
		Contributor Employer* <input type="text" value="Norwood"/>	Contributor Occupation* <input type="text" value="Investor"/>
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191030"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



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1	<b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Lynn"/>	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Stahl"/>	Contributor Suffix <input type="text"/>
2	<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="78701"/>
		Contributor Employer* <input type="text" value="Retired"/>		Contributor Occupation* <input type="text" value="retired"/>	
3	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20191030"/>		(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>	

Add Another Contribution Page