

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	LAST; SUFFIX Had Enough Austin?	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	Date Received ELECTRONICALLY FILED 10/19/2020	
	Austin, TX 78731 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	HD / PM
			Amount
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Processed	
	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 Had Enough Austin?		2 FILER ID 00090519	3 Total pages Schedule ATX8EXPEND: Sch: 1/2 Rpt: 2/5
4 PAYEE NAME	LAST FIRST MI Genesis Strategies, LLC.		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code P.O Box 18297 Fountain Hills , AZ 85269		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/18/2020	(d) Amount (\$) \$3,207.24	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/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 Had Enough Austin?		2 FILER ID 00090519	3 Total pages Schedule ATX8EXPEND: Sch: 2/2 Rpt: 3/5
4 PAYEE NAME	LAST FIRST MI Southside Printing		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3005 S Lamar Boulevard Suite B-100 Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 10/18/2020	(d) Amount (\$) \$988.33	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/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: 1/1 Rpt: 4/5
2 FILER NAME Had Enough Austin?		3 Filer ID (Ethics Commission Filers) 00090519
4 Date 10/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstadt, Hales <hr/> 6 Contributor address; City; State; Zip Code 1205 Norwalk Lane Unit A Austin, TX 78703	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Transwestern Austin

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