

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 6	
	LAST; SUFFIX Had Enough Austin?	ACCOUNT # 00090519	
		<b>OFFICE USE ONLY</b>	
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 10/24/2020	
	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

<b>1</b> FILER NAME Had Enough Austin?		<b>2</b> FILER ID 00090519	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 1/3 Rpt: 2/6
<b>4</b> PAYEE NAME	LAST FIRST MI Aro Group, LLC		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  2509 Lazy Oaks Drive  Austin, TX 78745		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Website development	
	<b>(c)</b> Date 10/23/2020	<b>(d)</b> Amount (\$) \$500.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Expenditure

FORM **ATX1EXPEND**

<b>1</b> FILER NAME Had Enough Austin?		<b>2</b> FILER ID 00090519	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 2/3 Rpt: 3/6
<b>4</b> PAYEE NAME	LAST FIRST MI Aro Group, LLC		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  2509 Lazy Oaks Drive  Austin, TX 78745		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/23/2020	<b>(d)</b> Amount (\$) \$4,500.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Had Enough Austin?		<b>2</b> FILER ID 00090519	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 3/3 Rpt: 4/6
<b>4</b> PAYEE NAME	LAST FIRST MI Aro Group, LLC		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  2509 Lazy Oaks Drive  Austin, TX 78745		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Consulting Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/23/2020	<b>(d)</b> Amount (\$) \$5,250.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Contribution

FORM **ATX1CONTRIB**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule ATX1: Sch: 1/1 Rpt: 5/6
<b>2</b> FILER NAME Had Enough Austin?		<b>3</b> Filer ID (Ethics Commission Filers) 00090519
<b>4</b> Date 10/23/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code 100 Congress Ave #300  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Locke Lord

# 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?

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Signature of Filer