

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		
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 10/30/2020	
	Austin, TX 78731		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	3 INDIVIDUAL FILER EMPLOYER & OCCUPATION		Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		Date Imaged	
	Ellen Wood			
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: 1/3 Rpt: 2/5
4 PAYEE NAME	LAST FIRST MI Aro Group, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 2509 Lazy Oaks Drive Austin, TX 78745		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/30/2020	(d) Amount (\$) \$5,000.00	
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: 2/3 Rpt: 3/5
4 PAYEE NAME	LAST FIRST MI Aro Group, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 2509 Lazy Oaks Drive Austin, TX 78745		
6 EXPENDITURE DETAILS	(a) Category Consulting Expense	(b) Description	
	(c) Date 10/30/2020	(d) Amount (\$) \$5,250.00	
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: 3/3 Rpt: 4/5
4 PAYEE NAME	LAST FIRST MI Paragon Printing & Mailing		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 10423 Mc Kalla Pl, Austin Austin, TX 78758		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 10/29/2020	(d) Amount (\$) \$460.78	
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	

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