Report of Dir	ect Campaign Expenditures:ATX.1			
1 INDIVIDUAL OR ORGANIZATION	TITLE; FIRST; MI	PAGE#		
NAME	LAST; SUFFIX Had Enough Austin?	ACCOUNT # 00090519		
	That Enough Austin.	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 Austin, TX 78731	Date Received ELECTRONICALLY FILED 12/14/2020 Receipt #		
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	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:
4	PAYEE NAME	LAST FIRST MI Genesis Strategie	es. LLC		Sch: 1/4 Rpt: 2/6
5	PAYEE ADDRESS		apartment/suit#; City;	State; Zip	Code
6	EXPENDITURE DETAILS	Fountain Hills , A (a) Category Advertising Ex		(b) Description	
		(c) Date 12/14/2020		(d) Amount (\$) \$2,789.04	
7	Complete ONLY if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su	eholder name ffix; FirstName; Title		ure supported/opposed K IF BALLOT MEASURE)
		(c) Office sought		(d) Office held	

Expenditure				FORM ATX1EXPEND
1 FILER NAME Had Enough Austin?	2 FILER 00090			3 Total pages Schedule ATX8EXPEND:
riad Erioagii / lastiii.	00000	013		Sch: 2/4 Rpt: 3/6
4 PAYEE NAME	LAST FIRST MI Genesis Strategies, LLC			
5 PAYEE ADDRESS	Payee address; apartment/str P.O Box 18297	uit#; City;	State; Zip	Code
	Fountain Hills , AZ 85269			
6 EXPENDITURE DETAILS	(a) Category Advertising Expense		(b) Description	
	(c) Date 12/13/2020		(d) Amount (\$) \$2,091.60	
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Officeholder nam LastName; Suffix; Firs	e tName; Title		re supported/opposed < 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:
rida Erioagii / lastiii:	00030313	Sch: 3/4 Rpt: 4/6
4 PAYEE NAME	LAST FIRST MI Campaign Headquarters	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City;	State; Zip Code
	PO Box 257	
	Brooklyn, IA 52211	
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description
	(c) Date 12/13/2020	(d) Amount (\$) \$4,713.93
7 Complete <u>ONLY</u> if candidate or ballot measure suported/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:
Tidd Effodgii Addiii:		00030313		Sch: 4/4 Rpt: 5/6
4 PAYEE NAME	LAST FIRST MI Aro Group, LLC			
5 PAYEE ADDRESS		apartment/suit#; City;	State; Zip	Code
	2509 Lazy Oaks	Drive		
	Austin, TX 78745	;		
6 EXPENDITURE DETAILS	(a) Category Advertising Ex	pense	(b) Description	
	(c) Date 12/13/2020		(d) Amount (\$) \$172.22	
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed	(a) Candidate/Office LastName; Su	eholder name Iffix; FirstName; Title		ure supported/opposed K IF BALLOT MEASURE)
	(c) Office sought		(d) Office held	

Report of Direct Campaign Expenditures: ATX.1

AFFIDAVIT

r	ATTIDAVIT
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