

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 8	
	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 11/18/2020	
	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: 2/8
4 PAYEE NAME	LAST FIRST MI Grassroots Targeting		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 106 S Columbus Street Alexandria, VA 22314		
6 EXPENDITURE DETAILS	(a) Category Polling Expense	(b) Description	
	(c) Date 11/18/2020	(d) Amount (\$) \$41,000.00	
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: 2/2 Rpt: 3/8
4 PAYEE NAME	LAST FIRST MI Southside Printing		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3005 S Lamar Blvd Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 11/18/2020	(d) Amount (\$) \$792.39	
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: 1/4 Rpt: 4/8
2 FILER NAME Had Enough Austin?		3 Filer ID (Ethics Commission Filers) 00090519
4 Date 11/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, H Kent 6 Contributor address; City; State; Zip Code 4517 Triangle Ave #501 Austin, TX 78751	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) Capital Medical Clinic
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Robert L Contributor address; City; State; Zip Code 2709 Hillview Green Lane Austin TX 78703 Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Robert L. Clement, MD
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Don Contributor address; City; State; Zip Code 3301 Big Bend Austin, TX 78731	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PJS of Texas, Inc.
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fanning, Thomas Contributor address; City; State; Zip Code 801 W 5th Street Apt 1403 Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Southern Company
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex Contributor address; City; State; Zip Code 1304 W Oltorf Street Austin, TX 78704	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) PJS

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Had Enough Austin?		3 Filer ID (Ethics Commission Filers) 00090519
4 Date 11/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, John Markham 6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd Building Unit FSR 2501 Austin, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Robert and Sharon Contributor address; City; State; Zip Code 8206 Daleview Drive Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humble, Monty Contributor address; City; State; Zip Code 1000 The High Road West Lake Hills, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Brightman Energy
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huthnance, Robert Contributor address; City; State; Zip Code 4001 Harbor Light CV Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Frost
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M5 LLC Contributor address; City; State; Zip Code 2515 Woolridge Austin, TX 78703	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Had Enough Austin?		3 Filer ID (Ethics Commission Filers) 00090519
4 Date 11/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maund Family, LP	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code PO Box 1608 Austin, TX 78767	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roche, David	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code 500 W 5th St Suite 700 Austin, TX 78701	
Principal occupation / Job title (See Instructions) Managing Principal		Employer (See Instructions) Endeavor Real Estate Group
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, TA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 10703 Windridge Dr Austin, TX 78759	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) TA Rutledge
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Timothy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1902 Stamford Lane Austin, TX 78703	
Principal occupation / Job title (See Instructions) Laywer		Employer (See Instructions) Jackson Walker
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Jonathan and Jana	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 1307 The Circle Austin, TX 78704	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Chicago Luxury Beds

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Had Enough Austin?		3 Filer ID (Ethics Commission Filers) 00090519
4 Date 11/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael <hr/> 6 Contributor address; City; State; Zip Code 116 Rockin Robin Horseshoe Bay, TX 78657	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions) TRAILS OF HORSESHOE BAY
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yokubaitis, Jonah <hr/> Contributor address; City; State; Zip Code 1110 Old Walsh Tarlton Austin, TX 78746	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Manager and Investor

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