CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFIC	CE USE ONLY					
3 COMMITTEE NAME	Date Received	164							
4 TREASURER NAME	Derek Ensu	m							
5 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	Runoff 10th day after campaign treasurer termination Dissolution Report Other (specify	OC	CC RECEIVED AT T 29 '19 PM2: 16 or Date Postmarked					
6 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed						
OOVEINED	9/27/2019	THROUGH 10/25/2019	Date Imaged						
7 EXPLANATION OF C		*							
Cherry	ged desuription, previ	ious description had b	een incom	ect					
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.									
ALEJANDRO MEDINA Notary Public, State of Texas Comm. Expires 08-15-2022 Notary ID 131684514 AFFIX NOTARY STAMP/SEALABOVE Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.									
Sworn to and subscribe		Signature of Carr E K Ensign y which, witness my hand and seal of office.	, this the 2	9 day of					
All Signature of officer ad	ministering oath Printed	gando Medina Jame of officer administering	No fa	cer administering oath					
Ren		Of The Campaign Finance Re t And Explain Corrections	port Form						

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Committee Name. Put the committee's full name here. Enter your name in the same way as on the report you are correcting.
- Treasurer Name. Put the treasurer's full name here.
- 5. Original Report Type. Mark the type of report you are correcting.
- **6. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **7. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **8. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

Johann Public, State of Texas

SPECIFIC-PURPOSE COMMITTEE FORM SPAC **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Austin United PAC Date Received OCC RECEIVED A OCT 29'19 PM2:16 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3110 Manor Rd Ste H Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78723 Receipt # Amount Date Processed Date Imaged 5 CAMPAIGN MS/MRS/MR FIRST **TREASURER** Derek NAME **NICKNAME** LAST SUFFIX Ensign CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** STREET **ADDRESS** 4710 Santa Anna St, Austin TX 78721 (Residence or Business) CAMPAIGN STREET OR PO BOX: APT / SUITE #; CITY; ZIP CODE STATE; **TREASURER** MAILING **ADDRESS** Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 512-925-1830 9 REPORT January 15 30th day before election Exceeded \$500 Limit TYPE X 8th day before election Dissolution (Attach PAC-DR) July 15 10th day after campaign treasurer Runoff 10 PERIOD Month Day Year Day Month Year COVERED 09/27/2019 **THROUGH** 10/25/2019 **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2019 X General Special **GO TO PAGE 2**

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS COVER SHEET PG 2** 12 COMMITTEE NAME 13 Filer ID Austin United PAC 14 COMMITTEE CANDIDATE / OFFICEHOLDER NAME **PURPOSE** (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder SUPPORT BALLOT IDENTIFICATION / # **ELECTION DATE** (Candidate or Measure) Prop A Month Day Year X OPPOSE 11/05/2019 (Candidate or Measure) X Measure **ASSIST** DESCRIPTION (Officeholder) Austin Voter Approval for Sports and Entertainment Venue Construction on City Land 15 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, **TOTALS** LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ \$0.00 2. TOTAL POLITICAL CONTRIBUTIONS \$ \$200,000.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** \$0.00 4. TOTAL POLITICAL EXPENDITURES \$ \$161,860.13 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE BALANCE REPORTING PERIOD \$95,481.89 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST LOAN TOTALS DAY OF THE REPORTING PERIOD \$ \$0.00 ALEJANDRO MEDINA I swear, or affirm, under penalty of perjury, that the accompanying report is true Notary Public, State of Texas and correct and includes all information required to be reported by me under Comm. Expires 08-15-2022 Title 15, Election Code. Notary ID 131684514 AFFIX NOTARY STAMP / SEAL ABOVE Derek Ensign Sworn to and subscribed before me, by the said _ 20 19 _, to certify which, witness my hand and seal of office.

Signature of officer administering oath

name of officer administering oath

Title of office administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

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			2	of O

				3 of 9			
17 COMMITTI Austin Un	ited PAC	18 Filer ID					
	E SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	200,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
7.	SCHEDULE E: LOANS		\$				
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	161,860.13			
9.	9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
13. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	63.98			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$				

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9
2	FILER NAME Austin Unite			3 Filer ID
4	Date 10/09/2019	 Full name of contributor out-of-state PAC (ID#:_Austin TeamCo LLC Contributor address; City; State; Zip Code 1835-A Kramer Lane Ste 600 Austin, TX 78758 		7 Amount of Contribution (\$) \$150,000.00
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 10/25/2019	Full name of contributor out-of-state PAC (ID#:_ Austin TeamCo LLC Contributor address; City; State; Zip Code 1835-A Kramer Lane Ste 600 Austin, TX 78758		Amount of Contribution (\$) \$50,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Fo	rms provided	by Texas Ethics Commission www.ethics	.state.tx.us	Version V1.1.3a6aaf7

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Sala		s/Contract Labor	Travel Out of District OTHER (enter a category not list	ted above)
1	Total pages Schedule F1:	2 FILER NAMI					3 Filer ID	
	Sch: 1/4 Rpt: 5/9	Austin Unit					o manus	
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6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
	\$10,000.00	1914 Patto	n Ln					
		Austin, TX	78723					
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description		
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						Consulting	TX, officeholder living expense	
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9	Complete ONLY if direct	Candidate/Off	iceholder name	Office			Office held	
٩	expenditure to benefit C/Ol		icenoider name	Office	sought		Office held	
	Date	Payee name						
	10/15/2019	Rindy Mille	r Media					
Г	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	\$57,500.00	2401 E. 6th	Street					
		Ste 1007						
		Austin, TX	78702					
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	Date	Payee name						
	10/08/2019	Thompson	& Knight LLP					
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	\$4,310.00	98 San Jac	into Blvd					
		Ste 1900						
		Austin, TX	78701					
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	ve)
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor	Travel (Out of District R (enter a category not listed	d above)
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Co		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pense /ages/Contra			Travel in District Travel Out of District OTHER (enter a category not listed above)
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9	Complete ONLY if direct expenditure to benefit C/Oh	Н	Candidate/Off	ficeholder name	0	ffice sou	ght			Office held

SCHEDULE I

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule I: Sch: 1/1 Rpt: 9/9	2	FILER NAME Austin United PAC		3 Filer ID				
4	Date 10/25/2019	5	Payee name Frost Bank						
6	Amount (\$) 12.00	7	Payee Address; City; State; Zip P.O. Box 1600 San Antonio, TX 78296						
8	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Fees	(b) Description Wire fee	(See instructions regarding type of information required.)				
	Date 10/23/2019		Payee name Harland Clarke						
	Amount (\$) 51.98		Payee Address; City; State; Zip 15955 La Cantera Parkway San Antonio, TX 78256						
	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Fees	(b) Description Checks	(See instructions regarding type of information required.)				