OCC RECEIVED AT NOV 1'19 AM10:57

1	Committee or Organization Name*		
INDIVIDUAL	Unconventional Austin SPAC		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
2 INDIVIDUAL OF	Address/ PO Box*	Apartment or S	uite Number
INDIVIDUAL OR	309 East 11th St	Ste 2	
ORGANIZATION ADDRESS	City*	State*	Zip Code*
ADDRESS	Austin	TX	78701
3			
COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	Sylvia		
(if applicable)	Last Name	Suffix	
(п арригало)	Pedley		
_	Address / DO Davi	A	uita Numahan
4	Address/ PO Box	Apartment or S	uite Number
COMMITTEE TREASURER	9405 Lightwood Cove		
ADDRESS	City	State	Zip Code
(if applicable)	Austin	TX	78748
5	Date Filed (yyyymmdd)*		
REPORT DATE	20191101		

^{*} Indicates a required field



6 AFFIDAVIT

I swear or affirm upon 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 that this Report of Direct Campaign Expenditures filed herewith 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.

DATE: Nov / 2019	
2114	Freel I, Lewis
- 9 W	

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

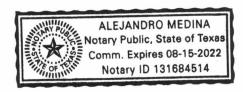
This instrument was acknowledged, sworn to and subscribed before me by

Fred Lewis

A. Mala Alejandro Medina

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





PAYEE NAME ☐ Payee is an individual	Payee Title Payee First Name* Steve Organization Name or Payee Last Name, as applicable* Mims	Payee Suffix
PAYEE ADDRESS	Payee Address/ PO Box* 4606 Rosedale Ave Payee City* Austin	Payee Apartment or Suite Number Payee State* Payee Zip Code* 78756
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure Amount* \$2,800.00 Expenditure Date* 20191031

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Supported/Opposed	(11 dpp.1100010)		
op B-Support			
1			



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	RoboCent		
2	Payee Address/ PO Box*	Payee Apartment or	Suite Number
PAYEE	2129 General Booth Blvd	#103	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Virginia Beach	VA	23454
3	*	(A) = II.	. *
	Category*	(\$) Expenditure Amo	ount "
EXPENDITURE	Other (use Description field)	\$7,055.40	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	texting	20191031	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
Prop B-Support			
, , , , , , , , , , , , , , , , , , ,			



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Vici Media		
2	Payee Address/ PO Box*	Payee Apartment or	Suite Number
PAYEE	7701 Rialto Blvd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78735
3	Category*	(\$) Expenditure Amo	ount*
EXPENDITURE	Advertising Expense	\$4,507.60	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
	facebook ads	20191031	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
rop B-support			
		*	
		4	



1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Paragon Printing		
2	Payee Address/ PO Box*	Payee Apartment or	Suite Number
PAYEE	10423 McKalla Place		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	TX	78758
3	*	(\$) Expenditure Am	ount*
	Category*	(\$) Expenditure Am	Outt
EXPENDITURE	Printing Expense	\$12,886.68	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20191031	

Candidate Last Name or Ballot Measure	Candidate First Name	Office Sought	Office Held
Supported/Opposed*	(if applicable)	(if applicable)	(if applicable)
rop B-support			



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Carolyn Organization Name or Contributor Last Name, as applicable* Yokubaitis	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2500 Bee Caves Road, Bldg 1 Contributor City* Austin Contributor Employer* Data Foundry	Contributor Apartment or Suite Number Ste 400 Contributor State* Contributor Zip Code* TX 78746 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191030	(\$) Contribution Amount* \$1,000.00



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Ron and Suzanne Organization Name or Contributor Last Name, as applicable* Harris	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 301 Brent Tree Ct Contributor City* Austin Contributor Employer* Harris Preston Partners	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78746 Contributor Occupation*
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191030	(\$) Contribution Amount* \$5,000.00



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Thomas Organization Name or Contributor Last Name, as applicable* Col	ntributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	14334 Caribe St Contributor City* Corpus Christi Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78418 Contributor Occupation* unknown
CONTRIBUTION DETAILS	,,,,,	(\$) Contribution Amount* \$5,000.00



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Carol Organization Name or Contributor Last Name, as applicable* Harper	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 3801 Overbrook Ln Contributor City* Houston Contributor Employer* retired	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 77027 Contributor Occupation* retired
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191030	(\$) Contribution Amount* \$2,000.00



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Frank and Margaret Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Krasovec	
2 CONTRIBUTOR	Contributor Address/ PO Box* 98 San Jacinto Blvd	Contributor Apartment or Suite Number
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78701
EMPLOYER	Contributor Employer*	Contributor Occupation*
	Norwood	Investor
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
DETAILS	20191030	\$2,000.00



Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Lynn Contributor Alexander Name of Contributor Leat	Contributor Suffix
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Stahl	Contributor Suria
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 98 San Jacinto Blvd Contributor City* Austin Contributor Employer* Retired	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78701 Contributor Occupation* retired
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20191030	(\$) Contribution Amount* \$2,000.00

Add Another Contribution Page