# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC **COVER SHEET PG 1**

The SPAC Instruction Gui	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME	Unconventional Austin SPAC		OFFICE USE ONLY
			Date Received
4 COMMITTEE ADDRESS	ADDRESS /PO BOX; APT / SUITE #; 309 East 11 <sup>th</sup> , Ste 2	CITY; STATE; ZIP CODE Austin Texas78701	OCC RECEIVED AT JAN 15 '20 PM4:44 Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Sylvia Pedley NICKNAME LAST	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		PT / SUITE #; CITY; Sustin	state; zip code Texas 78748
7 CAMPAIGN TREASURER MAILING ADDRESS	9405 Lightwood Cove	PT / SUITE #; CITY; stin	STATE; ZIP CODE Texas 78748
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 696-1248	EXTENSION	
9 REPORT TYPE	July 15 8t	0th day before election h day before election unoff	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Yea	THROUGH	Month Day Year 12 31 2019
11 ELECTION	ELECTION DATE Month Day Year Prin 11052019 \Gener	Description	E
	GO 1	TO PAGE 2	
Forms provided by Texas Ethic	s Commission www.et	hics.state.tx.us	Revised 9/26/2019

#### SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

#### FORM SPAC **COVER SHEET PG 2**

#### **12 COMMITTEE NAME**

**13** Filer ID (Ethics Commission Filers)

Unconventional Austin SP	AC			
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (offi	ceholder)	
OPPOSE (Candidate or Measure)				
	MEASURE	BALLOT IDENTIFICATION / # Proposition B- Austin	ELECTION Day	<sup>Year</sup> 2019
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL PLEDGES, LOANS, CONTRIBUTION	IAN	\$0	
	2. TOTAL POLITICA (OTHER THAN PLED		\$51,496.47	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED	\$0
	4. TOTAL POLITICA	LEXPENDITURES		\$48,160.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE	\$
16 AFFIDAVIT		l swear, or affirm, under penalty of p report is true and correct and includ		, , , ,
Notary Pub	HN WALKER blic, State of Texas spires 05-03-2023	be reported by me under Title 15, El		

AFFIX NOTARY STAMP / SEAL ABOVE

officer administering oath

Notary ID 132001689

OF THIS

day of

Signature

Sworn to and subscribed before me, by the said

sta this the

20 20 ich, witness my hand and seal of office. to certify

Signature of Campaign Treasurer

Printed name of officer administering oath

Title of officer administering oath

Forms provided by Texas Ethics Commission

### **SUBTOTALS - SPAC**

#### FORM SPAC

**COVER SHEET PG 3** 

17	17 COMMITTEE NAME 18 Filer ID (Ethics Com				
	Unconventional Austin SPAC				
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$50,000		
2.	X SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$1496.47		
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$		
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP ORGANIZATION	ORATION OR LABOR	\$		
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	RORGANIZATION	\$		
7.	SCHEDULE E: LOANS		\$		
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	FRIBUTIONS	\$\$48,160.44		
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	(8)	\$		
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT_CARD		\$		
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	SUSINESS OF C/OH	\$		
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$		

The	Instruction Guide explains how to	complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME	Unconventional Austin SPAC			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Preston, Charles	out-of-state PA	C (ID#)	7 Amount of contribution (\$)
10/29/2019	6 Contributor address; 98 San Jacinto	<sub>City;</sub> Austin T	State; Zip Code exas 78701	
8 Principal occup	ation / Job title (See Instructions) Partner		9 Employer (See Instruct 10 Harris, Preston a	
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
10/29/2019	Skaggs, James Contributor address; 4700 Toreador	<sub>City;</sub> Austin Te	State; Zip Code exas 78746	8000.00
Principal occup Investor	pation / Job title (See Instructions)		Employer (See Instructi Self	ons)
Date	Full name of contributor	out-of-state PAG	(ID#)	Amount of contribution (\$)
10/30/2019	Yokubaitis, Carolyn			1000.00
	Contributor address; 2500 Bee Cave Rd Building 1, Suite 400	<sub>City;</sub> Austin Te	State; Zip Code exas 78746	
Principal occup Owner	pation / Job title (See Instructions)		Employer (See Instructi Data Foundry	ons)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
0/30/2019	Harris, Ron and Suzanne	City;	State; ZipCode	5000.00
	Contributor address; 301 Bent Tree Ct	Austin	Texas 78746	
	pation / Job title (See Instructions)		Employer (See Instructi	ons)

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The	Instruction Guide explains how to	complete this for	n.	1 Total pages Schedule A1:	
2 FILER NAME	Unconventional Austin SPAC			3 Filer ID (Ethics Commission Filers)	
1 Date	5 Full name of contributor Triplett Thomas	out-of-state PAC	) (ID#)	7 Amount of contribution (\$) 5000	
	6 Contributor address; 14334 Caribe St	City; Corpus Chris	State; Zip Code sti Texas 78418		
Principal occupa nknown	ation / Job title (See Instructions)		9 Employer (See Instruct 10 Known	tions)	
Date 10/30/2019	Full name of contributor Carol Harper	out-of-state PAC	; (ID#)	Amount of contribution (\$) 2000.00	
	Contributor address; 3801 Overbrook Ln	City; Houston	State; Zip Code Texas 77027		
Principal occup Retired	ation / Job title (See Instructions)		Employer (See Instruct None	iions)	
Date 10/30/2019	Full name of contributor Krasovec Frank/ Margare	out-of-state PAC	(ID#)	Amount of contribution (\$) 2000	
	Contributor address; 98 San Jacinto	City; Austin Texas			
Principal occup Investor/Busine	ation / Job title (See Instructions) ss		Employer (See Instruct Norwood Investments	ions)	
Date 10/30/2019	Full name of contributor Stahl Lynn Contributor address; 98 San Jacinto	City;	State; ZipCode	Amount of contribution (\$) 2000.00	
Principal occupa Retired	ation / Job title (See Instructions)		Employer (See Instruct None	ions)	
10/30/2019 Principal occupa	Stahl Lynn Contributor address; 98 San Jacinto	City;	State; ZipCode 78701 Employer (See Instruct	2000.00	

The	Instruction Guide explains how to	complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME	Unconventional Austin SPAC			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/4/2019	<ul> <li>5 Full name of contributor</li> <li>M5, LLC</li> <li>6 Contributor address;</li> </ul>	out-of-state PAG	C (ID#) State; Zip Code	<b>7</b> Amount of contribution (\$) 10,000
	P.O. Box 300549	Austin Texa		
Principal occup nvestor	ation / Job title (See Instructions)		9 Employer (See Instruct 10 Self	tions)
Date 11/4/2019	Full name of contributor Nickerson Cash	out-of-state PAC	) (ID#)	Amount of contribution (\$) 5000
	Contributor address; 98 San Jacinto	City; Austin	State; Zip Code Texas 78701	
Principal occup CEO	bation / Job title (See Instructions)		Employer (See Instruct PDS Tech	ions)
Date 11/4/2019	Full name of contributor Jawahar <b>Sid</b>	out-of-state PAC	: (ID#)	Amount of contribution (\$) 5000
	Contributor address; 98 San Jacinto	City; Austin Texas	State; Zip Code 78701	
Principal occup Investor/Busine	bation / Job title (See Instructions) ess		Employer (See Instruct Norwood Investments	ions)
Date			(ID#)	Amount of contribution (\$)
		City; Austin Texas	State; ZipCode 78730	
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruct None	ions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAM	E <sup>Unconventional</sup> Austin PAC	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 11/4//2019	<ul> <li>6 Full name of contributor out-of-state PAC (ID#</li></ul>	Zip Code	<ul> <li>8 Amount of Contribution \$</li> <li>9 In-kind contribution</li> <li>1496.47 description Email Data/Mailing</li> </ul>		
		1	Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occ Retired	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe None	r (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made   Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Travel In Dis Travel Out C	on Equip trict of Distric	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N Unconvent	AME ional Austin			3 Filer ID (E	thics C	commission Filers)
<b>4</b> Date 10/29/2019	5 Payee na Steve Mim						
<b>6</b> Amount (\$) 2800	7 Payee a 4606 Ros	ddress; edale Ave		City; Austin	Sta Tx	<sup>te;</sup> 787	Zip Code 56
8 PURPOSE OF EXPENDITURE	(a) Category (b) Contract L	(See Categories listed at the top of this sci abor		) Description deo			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder	livinge	pense
9 Complete ONLY if direct expenditure to benefit C/0		late / Officeholder name		Office sought			Office held
Date	Payee n	ame					
10/31/2019	RoboC	ent, Inc					
Amount (\$) 7055.40	Payee a 2129 G	<sup>ddress;</sup> eneral Booth Blvd		<sup>City;</sup> Virginia Be	<sub>Sta</sub> ach Va		Zip Code 23454
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this sch Contractor	edule)	Description Text messaging			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholde	er living o	expense
Complete ONLY if direct expenditure to benefit C/OH	Candio	date /Officeholder name		Office sought			Office held
Date 10/31/2019	Payee n Vici Me						
Amount (\$) 4507.6	Payee a 7701 R	<sup>ddress;</sup> ialto Blvd		City; Austin	Stat Tx	e;	Zip Code 78735
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this sche Contractor	edule)	Description Facebook			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholde	r living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS SCI	HEDULE AS NEI	EDED		

		EXPENDITURE CATEO	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Overh Polling Expe Printing Exp Salaries/Wa	oense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NA Unconventio				3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/31/201	<b>5</b> Payee nar Paragon Pri				1	
6 Amount (\$) 12886.68	7 Payee ad 10423 Mc		in Tx 7875	City; 58	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Printing	(See Categories listed at the top of this sch		(b) Description (c) Mailing		
9 Complete ONLY if direct expenditure to benefit C/C	Candida	Check if travel outside of Texas. Complete Sc te / Officeholder name	shedule I.	Office sought	n, TX, officeholder living e	Office held
Date 11'04/2019	Payee na Paragon F					
Amount (\$) 5406.26	Payee ad 10423 Mc	dress; Kall Place Austin Texas 78	8758	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this scho Printing	iedule)	Description Mailing		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate /Officeholder name		Office sought		Office held
Date 11/4/2019	Payee na RoboCen					
Amount (\$) 2,149.32	Payee add 2129 Ge	<sup>dress;</sup> neral Booth Blvd		<sup>City;</sup> Virginia Be	<sub>State;</sub> ach Va 234	Zip Code 54
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sche Contractor	edule)	Description Text messaging		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATT/	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEI	EDED	

	EX		CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor				Travel In District Travel Out Of Dist	ipment & Related Expense
	The I	nstruction Guide ex	xplains how to	complete this form.		
1 Total pages Schedule F1:	<b>2</b> FILER NAME Unconventional Au	stin			3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 11/5/2019	5 Payee name\ Encino Broadcas	sting				
<b>6</b> Amount (\$) 4000.00	7 Payee address; 9434 Parkfield D	r	Austin	City; TX	State; 78758	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Cate Contractor			(b) Description Radio Ads		
	(C) Check if tr	avel outside of Texas. Co	omplete Schedule 7	Check if Aus	stin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Off OH	iceholder name		Office sought		Office held
Date	Payee name					
11'05/2019	Left Hand Des	ign				
Amount (\$)	Payee address;			City;	State;	Zip Code
142.18	110 Bolton Dr	Austin Tx 78737	Austin	ТХ	78737	
PURPOSE OF EXPENDITURE	Category (See Cate	egories listed at the top o Contractor	of this schedule)	Description Printing		
	Check if t	ravel outside of Texas. Co	omplete Schedule	T. Check if Au	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	ceholder name		Office sought		Office held
Date 11/4/2019	Payee name Situation Mar	agement Grou	qu			
Amount (\$) 3000	Payee address; 2007 E 8th St		Austin	City; TX	State; 78702	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top o Contractor	of this schedule)	Description Digital Medi		
	Check if t	ravel outside of Texas. Co	omplete Schedule	T. Check if Au	stin, TX, officeholder living	gexpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Off	iceholder name		Office sought		Office held
	ATTACH AI	DDITIONAL CO	PIES OF TH	IIS SCHEDULE AS N	EEDED	

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir By Gift/Awards/Memorials Expense Printi al Committee Legal Services Salar	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	1
1 Total pages Schedule F1:	2 FILER NAME Unconventional Austin		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/5/2019	5 Payee name HD Campaigns LLC		
<b>6</b> Amount (\$) 63.oo	7 Payee address; 4711 Spicewood Springs Road Unit 227 Austin	City; TX	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule (b) Contract Labor	Email validation	
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder livingexpense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate /Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEI	EDED