Correction Affidavit For Report of Direct Campaign Expenditures

FORM COR-ATX1

		Г			-	
	ics Commission Filers)	2 Total pages filed:			OFFICE U	JSE ONLY
00090519		6			Date Received	
3 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI			ELECTRONICALLY FILED 10/22/2020		
	LAST; SUFFIX					
	Had Enough Austin?				Date Hand-delivered or	Data Postmarkod
4 ORIGINAL	January 15	Runoff	X Other	(specify)	Date Hand-delivered of	Date Postillarkeu
REPORT TYPE	July 15	Exceeded \$500 lim			Receipt #	Amount
	30th day before election	15th day after cam	paign treasurer		-	
	8th day before election	appointment (office	.,		Date Processed	1
					-	
5 ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
	10/14/2020		10/15/2020	,		
6 EXPLANATION OF C	CORRECTION a payment for printing serv					
7 AFFIDAVIT			rear, or affirm, under	populty of poriur	u that this corrected	
		and	correct.			report is true
		\mathbf{X}	Other reports:	I swear, or affirm	, that I am filing this ess day after the dat	
			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.			
				Had Enough	Austin?	
			Signa	ture of Candidate		
AFFIX NOTARY ST	AMP / SEAL ABOVE		3 -			
	ribed before me, by the sai	•••••••••••••••			he	day
Signature of offic	er administering oath	Printed name of o	fficer administering o	bath	Title of officer admir	nistering oath
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

COVERSHEET						
1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 6				
	LAST; SUFFIX	ACCOUNT #	ACCOUNT #			
	Had Enough Austin?	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 10/22/2020				
	Austin, TX 78731	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	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
TREASURER ADDRESS	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: 3/6
4 PAYEE NAME	LAST FIRST MI Paragon Printing	and Mailing		
5 PAYEE ADDRESS	Payee address; 10423 Mc Kalla I Austin, TX 78758	Place	City; Sta	ate; Zip Code
6 EXPENDITURE DETAILS	(a) Category Printing Exper		(b) Des	scription
	(c) Date 10/15/2020		(d) Amo \$12	ount (\$) 2,268.49
7 Complete <u>ONLY</u> if candidate or ballot measure suported/opposed		eholder name uffix; FirstName; Titl	e	ot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought		(d) Offi	ice held

Expenditure		FORM ATX1EXPEND
1 FILER NAME Had Enough Austin?	2 FILER ID 00090519	3 Total pages Schedule ATX8EXPEND: Sch: 2/2 Rpt: 4/6
4 PAYEE NAME	LAST FIRST MI Paragon Printing and Mailing	
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; 10423 Mc Kalla Place Austin, TX 78758	State; Zip Code
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description
	(c) Date 10/14/2020	(d) Amount (\$) \$6,490.00
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
	·	

(Contrib	ution			FORM ATX1CO	NTRIB
	The Instruction Guide explains how to complete this form.				Total pages Schedule ATX: Sch: 1/1 Rpt: 5/6	1:
	2 FILER NAME Had Enough Austin?				Filer ID (Ethics Commissi 00090519	on Filers)
	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/14/2020 Glasgow, William 6 Contributor address; City; State; Zip Code 2901 Via 6, Fortuna, Bldg Ste 550 Austin, TX 78746			7	Amount of Contribution (\$)	\$10,000.00
8 F	Principal occu		9 Employer (See Instructions)	L s)		
	Investor Priv		Harris Preston & Partner		LLC	
	Date 10/15/2020	Full name of contributor out-of-state PAC (ID#: Gore, Rex Contributor address; City; State; Zip Code 1304 W Oltorf Street Austin, TX 78704			Amount of Contribution (\$)	\$9,500.00
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
F	President		PJS of Texas			
	Date 10/14/2020	Full name of contributor out-of-state PAC (ID#: Lee, Bryan Contributor address; City; State; Zip Code 303 Colorado, Suite 2300 Austin, TX 78701)	,	Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	upation / Job title (See Instructions)	Employer (See Instructions) DuBois Bryant & Campb			
	Date 10/14/2020	Full name of contributor out-of-state PAC (ID#: Trull, R. Scott Contributor address; City; State; Zip Code 3704 Eastledge Drive Austini, TX 78731)		Amount of Contribution (\$)	\$100.00
	Principal occu President	upation / Job title (See Instructions)	Employer (See Instructions) Three Grains Corporatio			

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