

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
8

ACCOUNT #
00090755

1 NAME	TITLE; FIRST; MI Joah	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/12/2022	
	NICKNAME; LAST; SUFFIX Spearman		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1503 West 10th Street Austin, TX 78703	Receipt #	
	<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 422-3686	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mrs. Angélica Rahe

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Spearman, Joah	FILER ID 00090755
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
	<input checked="" type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Joah Spearman ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1503 West 10th Street Austin, TX 78703 POSITION HELD CEO	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
	<input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Peoplism ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1885 Mission St San Francisco, CA 94103 POSITION HELD DEI Marketing Advisor	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 FILER INFORMATION	FILER NAME Spearman, Joah	FILER ID 00090755
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER TNTP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 7th Avenue 8th Floor New York, NY 10018 POSITION HELD CEO Adviser	
	<input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Fresh Speakers ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 Charles W. Briggs Road Hudson, NY 10520 POSITION HELD Keynote Speaker	
	<input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION	

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 FILER INFORMATION	FILER NAME Spearman, Joah FILER ID 00090755
2 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER LadyRahe Music ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6149 Austin, TX 78762 POSITION HELD Owner NATURE OF OCCUPATION <input type="checkbox"/> SELF-EMPLOYED

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Spearman, Joah	FILER ID 00090755
2 BUSINESS ENTITY	NAME Localeur	
3 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Moon Ultra	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Spearman, Joah	FILER ID 00090755
2 ORGANIZATION	ZACH Theatre	
3 POSITION HELD	Board Trustee	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Localeur	
POSITION HELD	Board Chairman	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Joah Spearman

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Joah</p> <hr style="border-top: 1px dotted black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Spearman</p>	PAGE # <p style="text-align: center;">7</p> <hr/> ACCOUNT # <p style="text-align: center;">00090755</p>										
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1503 West 10th Street Austin, TX 78703 <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 08/29/2022 <hr/> Receipt #										
	3 Spouse or Domestic Partner whose financial activity you are reporting	HD / PM Amount <hr/> Date Processed <hr/> Date Imaged										
4 REASON FOR FILING STATEMENT	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td> <td>MAYOR</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CITY COUNCIL MEMBER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CITY STAFF/EMPLOYEE</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>CANDIDATE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>BOARD MEMBER</td> </tr> </table> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p>Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>		<input type="checkbox"/>	MAYOR	<input type="checkbox"/>	CITY COUNCIL MEMBER	<input type="checkbox"/>	CITY STAFF/EMPLOYEE	<input checked="" type="checkbox"/>	CANDIDATE	<input type="checkbox"/>	BOARD MEMBER
<input type="checkbox"/>	MAYOR											
<input type="checkbox"/>	CITY COUNCIL MEMBER											
<input type="checkbox"/>	CITY STAFF/EMPLOYEE											
<input checked="" type="checkbox"/>	CANDIDATE											
<input type="checkbox"/>	BOARD MEMBER											

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Locateur
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE PO Box 6149 Austin, TX 78762
3 NATURE OF OCCUPATION OR BUSINESS	Founder
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO	Austin
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SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME**PART 2**

If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	Peoplism
2 ADDRESS	ADDRESS CITY STATE ZIP CODE 850 45th Oakland, CA 94608

3 MEMO
Diversity, Equity and Inclusion Training firm. Marketing support.

OTHER BUSINESS OWNERSHIPS/INTERESTS

PART 5

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY

Moon Ultra

2 MEMO

MOON UltraLight is the most powerful, portable light for creators.

BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION	ZACH Theatre
2 POSITION HELD	Membership Chair

3 MEMO

I am responsible for coordinating the recruitment of new board members.

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Joah Spearman

Signature of Filer