FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 14 00090476 3 COMMITTEE NAME **OFFICE USE ONLY** Our Mobility Our Future Date Received **ELECTRONICALLY FILED** 07/15/2020 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 6020 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78762 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Baylor NAME NICKNAME LAST **SUFFIX** A. Jo STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1101 Navasota STREET **ADDRESS** #2 (Residence or Business) Austin, TX 78702 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 413-4276 **PHONE** REPORT January 15 30th day before election Exceeded \$500 Limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 06/30/2020 01/27/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Comn	nission Filers)
Our Mobility Our Future			00090476		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
терит п песеѕѕагу.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	
X OPPOSE		NA	Month 11/03/2	Day 2020	Year
(Candidate or Measure)	X Measure		,,		
ASSIST (Office helder)	Micasure	DESCRIPTION			
(Officeholder)		Transportation funding measure by City	of Austin		
15 CONTRIBUTION TOTALS		 TRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS			
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$98,620.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPE	NDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	\$0.00
	4. TOTAL POLITICAL EX	(PENDITURES		\$	\$41,666.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTREPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$46,933.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
			or A. Jo		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, t	his the		_ day
		, witness my hand and seal of office.			
Signature of officer add	ministering oath Print	ed name of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3 3 of 14

	MMITTE	18 Filer ID 00090476	(Eth	ics Commission Filers)	
		ity Our Future	00090470		
	ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,620.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	75,000.00
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	20,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	10,000.00
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	41,666.47
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	\$	5,000.00
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

	MONEI	ARY POLITICAL CONTR	KIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/14	
2	FILER NAME Our Mobility Our Future					Filer ID (Ethics Commission 00090476	on Filers)
4	Date 02/25/2020		tate PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occuretired	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions retired)		
	Date 06/18/2020	Full name of contributor out-of-st Bury III, Paul Contributor address; City; State; Zip Cod 2615 Harris Blvd Austin, TX 78703	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 02/18/2020	Full name of contributor out-of-st Daugherty, Gerald Contributor address; City; State; Zip Cot 1403 Club Ridge CV Austin, TX 78735	tate PAC (ID#:			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Travis County)		
	Date 04/18/2020	Full name of contributor out-of-st Daugherty, Gerald Contributor address; City; State; Zip Cot 1403 Club Ridge CV Austin, TX 78735	tate PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu elected offici	pation / Job title (See Instructions) al		Employer (See Instructions Travis County)		
	Date 04/20/2020	Full name of contributor out-of-st Daugherty, Gerald Contributor address; City; State; Zip Cot 1403 Club Ridge CV Austin, TX 78735	tate PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu elected offici	pation / Job title (See Instructions) al		Employer (See Instructions Travis County)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	15		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/14
2	FILER NAME Our Mobility	Our Future			3	Filer ID (Ethics Commission Filers) 00090476
4	Date 02/25/2020	 Full name of contributor out-of-state PAC (ID#:_ Hardeman, Bryan Contributor address; City; State; Zip Code 6757 Airport Blvd 			7	Amount of Contribution (\$) \$20,000.00
8	Principal occu self-employe	Austin, TX 78752 pation / Job title (See Instructions)	9	Employer (See Instructions self-employed	j ;)	
	Date 03/02/2020	Full name of contributor out-of-state PAC (ID#:_Hill, Rae Contributor address; City; State; Zip Code 2303 Windsor Rd Austin, TX 78703)		Amount of Contribution (\$) \$5,000.00
	Principal occu housewife	pation / Job title (See Instructions)		Employer (See Instructions none	5)	
	Date 06/13/2020	Full name of contributor out-of-state PAC (ID#:_ Korompai, Edward Contributor address; City; State; Zip Code 8900 Research Park Drive Apt 1023 The Woodlands, TX 77381)		Amount of Contribution (\$) \$100.00
	Principal occu Patent Coun	pation / Job title (See Instructions)		Employer (See Instructions Ventures Oxides LLC	5)	
	Date 02/13/2020	Full name of contributor out-of-state PAC (ID#:_Lewis, John Contributor address; City; State; Zip Code 3839 Bee Cave Road Suite 204 Austin, TX 78746)		Amount of Contribution (\$) \$4,000.00
	Principal occu investments	pation / Job title (See Instructions)		Employer (See Instructions John Lewis Company	5)	
	Date 02/18/2020	Full name of contributor out-of-state PAC (ID#:_Lewis, John Contributor address; City; State; Zip Code 3839 Bee Cave Road Suite 204 Austin, TX 78746				Amount of Contribution (\$) \$20,000.00
	Principal occu investments	pation / Job title (See Instructions)		Employer (See Instructions John Lewis Company	5)	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/14	
2	FILER NAME Our Mobility Our Future	3	Filer ID (Ethics Commissi 00090476	on Filers)
4	Date 02/14/2020 5 Full name of contributor out-of-state PAC (ID#:) Skaggs, Jim 6 Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746	7	Amount of Contribution (\$)	\$6,000.00
8	Principal occupation / Job title (See Instructions) retired 9 Employer (See Instruction retired	l IS)		
	Date O4/21/2020 Skaggs, Jim Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746		Amount of Contribution (\$)	\$8,000.00
	Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:) Xie, Xi Contributor address; City; State; Zip Code 2120 Westfalian Trail Austin, TX 78732		Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instruction	ıs)		

PLEDG	SED CONTRIBUT	IONS			SCHEDULE B
The	Instruction Guide expla	ains how to comple	te this form.	1 Total pages Sched Sch: 1/1 Rpt: 7/	
2 FILER NAMI Our Mobility	E y Our Future			3 Filer ID (Eth 00090476	ics Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGE	:S		\$	0.00
5 Date	6 Full name of pledgor McCall, John	out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (If applicable)
06/29/2020	7 Pledgor Address; PO Box 633	City; State; Zip Code		\$24,000.00	
	Spicewood, TX 78669			Check if travel outs	ı ide of Texas. Complete Schedule T.
10 Principal occ Retired	Lupation / Job title (See Instruct	ions)	11 Employer (See Instru Retired	ictions)	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of	9 In-kind description
	Roberts, Roger			pledge (\$)	(If applicable)
06/23/2020	7 Pledgor Address; 2750 NE 23rd St.	City; State; Zip Code		\$1,000.00	
	Pompeo Beach, FL 330	62		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ Retired	cupation / Job title (See Instruct	ions)	11 Employer (See Instru Retired	ictions)	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of	9 In-kind description
	Roberts, Vicki	_		pledge (\$)	(If applicable)
	7 Pledgor Address;	City; State; Zip Code		\$50,000.00	I I
06/30/2020	3201 Aztec Fall Cove				
	Austin, TX 78746			Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruct	ions)	11 Employer (See Instru	ictions)	
retired			retired		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule C1: Sch: 1/1 Rpt: 8/14							
2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Our Mobility	Our Future	00090476					
4	Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)					
	02/28/2020	Charles Maund Toyota	\$10,000.00					
		6 Corporation / Labor Organization address; City; State; Zip Code 8400 Research Blvd						
		Austin, TX 78767						
	Date	Corporation / Labor Organization name	Amount of contribution (\$)					
	06/23/2020	STEJO Investments LP	\$10,000.00					
		Corporation / Labor Organization address; City; State; Zip Code						
		1601 S Mopac Expressway						
		Suite D-175						
		Austin, TX 78746						

PLEDGED CONTRIBUTIONS FROM CORPORATION OR SCHEDULE D **LABOR ORGANIZATION** 1 Total pages Schedule D: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Our Mobility Our Future 00090476 Date 5 Corporation / Labor Organization Name Amount of 8 In-kind description (if pledge (\$) applicable) 06/29/2020 Brown Distributing Co. \$10,000.00 6 Corporation / Labor Organization address; City; State; Zip Code 8711 Johnny Morris Rd Austin, TX 78724 Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
-	Total pages Cabadula F1:		2 Filer ID (Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 1/4 Rpt: 10/14	Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4	Date	5 Payee name	•
	04/01/2020	Borgelt, Roger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$850.00	614 S. Capital of Texas Hwy	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		legal services	s rendered for campaign and election
		matters	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/15/2020	Bronson, Jonathan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3809 Rockledge Dr	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	J Salaries/ Wages/ Cortifact Eabor	outside of Texas. Complete Schedule T.
	2/11/21/01/12	,	, TX, officeholder living expense
		Videography	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
H	Date	Payeo namo	
		Payee name	
	04/15/2020	Bronson, Jonathan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3809 Rockledge Dr	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	, TX, officeholder living expense
		Videography	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sa		ages	/Contract Labor		OTHER (enter a	strict a category not listed above)	
_		_		The Instruction Gui	ue explains now	to con	ipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/4 Rpt: 11/14		Our Mobility	Our Future						00090476		
4	Date	5	Payee name									
	03/09/2020		Flexicodes									
Ļ		 -		0''								_
6	Amount (\$)	7	Payee address		State; Z	ip Coo	ae					
	\$5,000.00		18650 W. O	ld US 12								
			1									
			Chelsea, MI	48118								
8	PURPOSE	(a)	Category (c.	e Categories listed at the		. 1	(b)	Description				_
	OF	``		ges/Contract Lal		⁼⁾ ['	(,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Salaries/ Wa	iges/contract Lai	501			=		officeholder livin		
								Web develop	me	ent		
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
\vdash	Date	Т	Dayco roma									_
	05/12/2020		Payee name Magnuson,	Dillon								
	Amount (\$)		Payee addres		State; Z	ip Cod	de					
	\$243.52		513 S Park	Dr								
			Unit #304									
			Austin, TX 7	'8704								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule	e) ((b)	Description				
	OF EXPENDITURE			ges/Contract Lal				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	LAFENDITORE							—		officeholder livin		
								Photography/	/ima	age licensin	ıg	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									_
	02/15/2020		Moreland Co	onsultina								
		-			Ctata: 7	in Co.	J =					
	Amount (\$)		Payee addres		State; Z	ip Coo	ae					
	\$6,427.20		5202 Woodi	moor Dr								
			Austin, TX 7	8721								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Consulting E		•			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		-	·				_		officeholder livin		
								Consulting se	ervi	ces rendere	ed	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										
H												_
1												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

oursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 3/4 Rpt: 12/14	Our Mobility Our Future 00090476
4	Date	5 Payee name
	03/02/2020	Moreland Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$6,000.00	5202 Woodmoor Dr
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting services rendered
		Consulting Services refluered
Ļ	Operation ONLY if dispert	Occasional Office health and a second of the
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
l	04/01/2020	Moreland Consulting
	Amount (\$)	Payee address; City; State; Zip Code
l	\$6,000.00	5202 Woodmoor Dr
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		consulting services rendered
L	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
l	Date	Payee name
L	05/06/2020	Moreland Consulting
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$3,795.75	5202 Woodmoor Dr
l		
		Austin, TX 78721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		consulting services rendered
\vdash	Complete ONE V if direct	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
_		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 13/14	Our Mobility Our Future 00090476
4	Date	5 Payee name
	06/02/2020	Moreland Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,000.00	5202 Woodmoor Dr
		Austin, TX 78721
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consulting services rendered
		ochounting convictor tentaction
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/07/2020	Shack, Edward
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	4410 Bellvue Ave
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		legal services rendered for campaign and election
		matters
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/27/2020	Voices of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	108 Wild Basin Rd S
		Unit 250
		Austin, TX 78746
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Voices of Austin
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to benefit 0/01	•

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.
2 FILER NAME Our Mobility Our Future 3 Filer ID (Ethics Commission Filers) 00090476
5 Payee name Lewis, John
7 Payee Address; City; State; Zip 3839 Bee Cave Road Suite 204 Austin, TX 78746
(a) Category (See instructions for examples of acceptable categories) Donation Partial Refund (b) Description (See instructions regarding type of information required.) Donation Partial Refund