



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Safe Mobility for All		<b>13 Filer ID</b> (Ethics Commission Filers) 00090518	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>  _____  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  _____	
	<input checked="" type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b> Prop A	<b>ELECTION DATE</b> Month    Day    Year 11/03/2020
		<b>DESCRIPTION</b> Proposition A	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>	\$ 0.00	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 21,535.89	
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>	\$ 0.00	
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,250.37	
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 18,285.52	
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00	

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 Ted Siff  
 Signature of Campaign Treasurer

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

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE**

<b>12 COMMITTEE NAME</b> Safe Mobility for All		<b>13 Filer ID</b> (Ethics Commission Filers) 00090518							
<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholders only)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICE HOLDER</b>	<b>CANDIDATE / OFFICE HOLDER NAME</b>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)							
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table border="0"> <tr> <td><b>BALLOT IDENTIFICATION</b></td> <td><b>ELECTION DATE</b></td> </tr> <tr> <td>Prop B</td> <td>MONTH DAY YEAR</td> </tr> <tr> <td></td> <td>11/03/2020</td> </tr> </table>		<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>	Prop B	MONTH DAY YEAR		11/03/2020
	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>							
Prop B	MONTH DAY YEAR								
	11/03/2020								
		<b>DESCRIPTION</b> Proposition B							

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
4 of 12

<b>17 COMMITTEE NAME</b> Safe Mobility for All	<b>18 Filer ID</b> (Ethics Commission Filers) 00090518
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<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,535.89
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,250.37
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 5/12
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 08/25/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bicycle Sport Shop	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>6</b> Contributor address; City; State; Zip Code 1300 West Oltorf Unit 6 Austin, TX 78704		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Sinclair	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 208 W 4th Street Suite 3A Austin, TX 78701		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Black & Vernoooy
Date 09/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blair, Tanner	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 8603 Winding Walk  Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bray, Dylan	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 2111 Crystal Downs Dr  Katy, TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Hayden	Amount of Contribution (\$) \$263.47
Contributor address; City; State; Zip Code 1804 Lakeshore Dr  Austin, TX 78746-3716		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) American Realty Corporation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 6/12
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 09/08/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byars, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code 4641 Ruiz St  Austin, TX 78723	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Partner		<b>9</b> Employer (See Instructions) Sayers Real Estate Advisors
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofer, George <hr/> Contributor address; City; State; Zip Code 3306 Gentry Drive  Austin, TX 78746	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Hill Country Conservancy
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Julio <hr/> Contributor address; City; State; Zip Code 2614 Delwood Place  Austin, TX 78703	Amount of Contribution (\$)  \$2,020.00
Principal occupation / Job title (See Instructions) Technologist		Employer (See Instructions) Charm
Date 09/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Habermann, Ulf <hr/> Contributor address; City; State; Zip Code 10711 Indian Scout Trail  Austin, TX 78736	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, David <hr/> Contributor address; City; State; Zip Code 1808 Kerr Street  Austin, TX 78704	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 7/12
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 09/10/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kunik, Daryl	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>6</b> Contributor address; City; State; Zip Code 701 South Lamar Blvd Suite C Austin, TX 78704		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Central Austin Management Group
Date 09/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lorenz, Perry	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 1311-a East 6th St Austin, TX 78702		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 09/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Markham, Tyler	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 1705 Crossing Pl. #138 Austin, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Felicity	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 2121 Melridge Pl Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGrath, Nicole	Amount of Contribution (\$) \$10.84
Contributor address; City; State; Zip Code 8503 Jamestown Dr Austin, TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 8/12
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 09/04/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Portman, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code 901 West 9th Street Apt 308 Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President		<b>9</b> Employer (See Instructions) Wells Fargo Advisors
Date 09/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Red Line Parkway Initiative <hr/> Contributor address; City; State; Zip Code 4016 Maplewood Ave Austin, TX 78722	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riley, Chris <hr/> Contributor address; City; State; Zip Code 1310 San Antonio St., Apt. 1 Austin, TX 78701	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Rafael <hr/> Contributor address; City; State; Zip Code 2819 Foster Lane Apt 149 Austin, TX 78757	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sayers, Clinton <hr/> Contributor address; City; State; Zip Code 906 Rio Grande Street Austin, TX 78701	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Sayers Real Estate Advisors

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 9/12
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 09/11/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shoal Creek Conservancy	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code PO Box 11520  Austin, TX 78711		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siff, Ted	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 604 West 11th Street  Austin, TX 78701-2007		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Park Place Publications
Date 08/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siff, Ted	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 604 West 11th Street  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Park Place Publications
Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siff, Ted	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 604 West 11th Street  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Park Place Publications
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skidmore, Danielle	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 360 Nueces St Apt 2709 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/12
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Emily	7 Amount of Contribution (\$)  \$105.58
	6 Contributor address; City; State; Zip Code 1600 West Avenue Unit 3  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Somers, Susan	Amount of Contribution (\$)  \$105.58
	Contributor address; City; State; Zip Code 11900 Hobby Horse Ct Apt 212 Austin, TX 78758	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Trail Foundation	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code 800 West Cesar Chavez St Suite B101 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd, David	Amount of Contribution (\$)  \$158.21
	Contributor address; City; State; Zip Code 1304 Mariposa Drive #211 Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wald, Thomas	Amount of Contribution (\$)  \$21.37
	Contributor address; City; State; Zip Code 4016 Maplewood Ave  Austin, TX 78722	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	<b>2</b> FILER NAME Safe Mobility for All	<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 09/24/2020	<b>5</b> Payee name Donateway	
<b>6</b> Amount (\$) \$508.39	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cumulative Online Transaction Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2020	Payee name Greenfield, Adam	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 1400 Willow Street  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordination
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2020	Payee name Greenfield, Adam	
Amount (\$) \$1,080.00	Payee address; City; State; Zip Code 1400 Willow Street  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordination
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
Credit Card Payment

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

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

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	<b>2</b> FILER NAME Safe Mobility for All	<b>3</b> Filer ID (Ethics Commission Filers) 00090518
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<b>4</b> Date 09/01/2020	<b>5</b> Payee name Harland Clarke Corp
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<b>6</b> Amount (\$) \$36.65	<b>7</b> Payee address; City; State; Zip Code 5800 Northwest Parkway  San Antonio, TX 78259
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2020	Payee name SquareSpace
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Amount (\$) \$25.33	Payee address; City; State; Zip Code 8 Clarkson Street  New York City, NY 10014
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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