

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 17	
	LAST; SUFFIX Mobility for All	ACCOUNT # 00090488	
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3110 Manor Road, Suite H Austin, TX 78723	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2020 Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	HD / PM Amount
			Date Processed
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Colette Pierce Burnette	Date Imaged	
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 801 W 5th Street, Apt 1903 Austin, TX 78703		

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 1/9 Rpt: 2/17
4 PAYEE NAME	LAST FIRST MI Pritchard, Caleb		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1212 Guadalupe St #210 Austin, TX 78701		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 09/29/2020	(d) Amount (\$) \$1,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 2/9 Rpt: 3/17
4 PAYEE NAME	LAST FIRST MI Pritchard, Caleb		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1212 Guadalupe St #210 Austin, TX 78701		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$4,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 3/9 Rpt: 4/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$3,090.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 4/9 Rpt: 5/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$750.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 5/9 Rpt: 6/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$54,035.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 6/9 Rpt: 7/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$2,500.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 7/9 Rpt: 8/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$1,650.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 8/9 Rpt: 9/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$20,927.58	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 9/9 Rpt: 10/17
4 PAYEE NAME	LAST FIRST MI Y Strategy LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723		
6 EXPENDITURE DETAILS	(a) Category Printing Expense	(b) Description	
	(c) Date 10/06/2020	(d) Amount (\$) \$5,000.00	
7 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought	(d) Office held	

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/6 Rpt: 11/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Public Transportation Association	7 Amount of Contribution (\$) \$50,000.00
	6 Contributor address; City; State; Zip Code 1300 I Street NW Suite 1200 East Washington, DC 20005	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, David	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code P.O. Box 1148 Dripping Springs, TX 78620-1148	
Principal occupation / Job title (See Instructions) Principal, Attorney & Counselor		Employer (See Instructions) Braun & Gresham
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Wade	Amount of Contribution (\$) \$2,105.58
	Contributor address; City; State; Zip Code 100 Congress Ave Suite 1100 Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubois Bryant & Campbell LLP	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 303 Colorado Ste 2300 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, James	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 11701 Stonehollow Dr. Suite 100 Austin, TX 78758	
Principal occupation / Job title (See Instructions) P.E. / President		Employer (See Instructions) ATG Alliance Transportation Group

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 2/6 Rpt: 12/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidrick, R. Clarke 6 Contributor address; City; State; Zip Code 3702 Eastledge Dr Austin, TX 78731-5851	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) McGinnis Lochridge
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill Country Conservancy Contributor address; City; State; Zip Code P.O. Box 163125 Austin, TX 78716	Amount of Contribution (\$) \$750.00
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#: _____) J. E. Dunn Construction Company Contributor address; City; State; Zip Code 1001 Locust Street Kansas City, MO 64106	Amount of Contribution (\$) \$2,500.00
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#: _____) Jay Reese Contractors, Inc. Contributor address; City; State; Zip Code 32780 Ranch Road 12 Dripping Springs, TX 78620	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP Contributor address; City; State; Zip Code K&L Center 210 Sixth Avenue Pittsburgh, PA 15222	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 3/6 Rpt: 13/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Karen 6 Contributor address; City; State; Zip Code 2125 Brunswick Dr. Austin, TX 78723	7 Amount of Contribution (\$) \$1,052.95
8 Principal occupation / Job title (See Instructions) Director of Public Affairs		9 Employer (See Instructions) Civiltude
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Paul Contributor address; City; State; Zip Code 10524 Roy Butler Dr Austin, TX 78717	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ATX Environmental Solutions LLC
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimley-Horn Contributor address; City; State; Zip Code 421 Fayetteville Street Suite 600 Raleigh, NJ 27601	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Perry Contributor address; City; State; Zip Code 1311-a East 6th St Austin, TX 78702	Amount of Contribution (\$) \$5,263.47
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MG Realty Investments, LLC Contributor address; City; State; Zip Code P.O. Box 5654 Austin, TX 78702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 4/6 Rpt: 14/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MV Transportation, Inc. <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 479 Elk Horn, IA 51531	7 Amount of Contribution (\$) \$35,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opalka, Douglas <hr/> Contributor address; City; State; Zip Code 1710 Forest Trl Austin, TX 78703	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) JLL
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons Corporation PAC <hr/> Contributor address; City; State; Zip Code 100 W. Walnut Street Pasadena, CA 91124	Amount of Contribution (\$) \$10,000.00
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#: _____) Pearlstone Partners <hr/> Contributor address; City; State; Zip Code 2906 Medical Arts Street Austin, TX 78705	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba Kistner <hr/> Contributor address; City; State; Zip Code 12811 West Golden Lane San Antonio, TX 78249	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 5/6 Rpt: 15/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley McLean Land LLC 6 Contributor address; City; State; Zip Code 505 Walsh St #A Austin, TX 78703-5251	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STG Design, Inc. Contributor address; City; State; Zip Code 828 W 6th Street Suite 300 Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siff, Ted Contributor address; City; State; Zip Code 604 West 11th Street Austin, TX 78701	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Park Place Publications
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Working Families PAC Contributor address; City; State; Zip Code 2850 Massachusetts Ave Metairie, LA 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tryba, Andy Contributor address; City; State; Zip Code 801 W 5th St Apt 2901 Austin, TX 78703	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ionic Partners

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 6/6 Rpt: 16/17
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UA Plumbers & Pipefitters	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Local 286 PAC Fund 814 Airport Blvd Austin, TX 78702	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) University Estates	Amount of Contribution (\$) \$12,000.00
	Contributor address; City; State; Zip Code 1300 Crossing Place Austin, TX 78741	
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#: _____) University Village	Amount of Contribution (\$) \$8,000.00
	Contributor address; City; State; Zip Code 1301 Crossing Place Austin, TX 78741	
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#: _____) Westgate Momark, LLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code P.O. Box 5654 Austin, TX 78763-5654	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Robert	Amount of Contribution (\$) \$1,052.95
	Contributor address; City; State; Zip Code 403 Wallis Drive Austin, TX 78746	
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) JLL

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.

Mobility for All

Signature of Filer