

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5	
	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 10/09/2020 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: 1/2 Rpt: 2/5
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 10/07/2020	(d) Amount (\$) \$48,703.52	
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: 2/2 Rpt: 3/5
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 10/07/2020	(d) Amount (\$) \$311,120.00	
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: 1/1 Rpt: 4/5
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett Cocke General Contractors <hr/> 6 Contributor address; City; State; Zip Code 7901 E Riverside Dr #100 Austin, TX 78744	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brookfield Residential <hr/> Contributor address; City; State; Zip Code 11501 Alterra Parkway #100 Austin, TX 78758	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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