

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 7	
	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 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/12/2020 Receipt #	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION	FILER EMPLOYER	HD / PM
			Amount
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Colette Pierce Burnette	Date Processed	
		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: 1/3 Rpt: 2/7
4 PAYEE NAME	LAST FIRST MI Goss, Delwin		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 6410 Ponca Street Austin, TX 78741		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/09/2020	(d) Amount (\$) \$6,195.00	
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: 2/3 Rpt: 3/7
4 PAYEE NAME	LAST FIRST MI Adisa Communications		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1706 Overhill Drive, A Austin, TX 78721		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/09/2020	(d) Amount (\$) \$13,500.00	
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: 3/3 Rpt: 4/7
4 PAYEE NAME	LAST FIRST MI Adisa Communications		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1706 Overhill Drive, A Austin, TX 78721		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/09/2020	(d) Amount (\$) \$9,302.20	
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: 1/2 Rpt: 5/7
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amalgamated Transit Union 6 Contributor address; City; State; Zip Code 10000 New Hampshire Ave Silver Spring, MD 20903-1706	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Shauna Contributor address; City; State; Zip Code 7128 Envoy Ct Dallas, TX 75247	Amount of Contribution (\$) \$2,368.74
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Bowman Engineering & Consulting
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Fendley & Associates, Inc. Contributor address; City; State; Zip Code 505 East Huntland Ave Austin, TX 78752	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DPR Construction Contributor address; City; State; Zip Code 310 Comal Street Building A, Suite 30 Austin, TX 78702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell Locke and Ritter LLP Contributor address; City; State; Zip Code 401 Congress Ave Suite 1100 Austin, TX 78701	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: 2/2 Rpt: 6/7
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubenstein, Ben <hr/> 6 Contributor address; City; State; Zip Code 811 Congress Ave Austin, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CRO		9 Employer (See Instructions) Realtor.com
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PC <hr/> Contributor address; City; State; Zip Code 2728 N. Harwood Street Suite 500 Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
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