

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 4					
	LAST; SUFFIX Safe Mobility for All	ACCOUNT # 00090518					
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street  Austin, TX 78701	<b>OFFICE USE ONLY</b>					
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Date Received <b>ELECTRONICALLY FILED</b> 10/14/2020					
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Receipt #					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged
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Date Imaged							
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX  Ted  Siff						
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street  Austin, TX 78701						

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Safe Mobility for All		<b>2</b> FILER ID 00090518	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 1/1 Rpt: 2/4
<b>4</b> PAYEE NAME	LAST FIRST MI CheckMark Typesetting		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  3217 North IH-35  Austin, TX 78722		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Advertising Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/12/2020	<b>(d)</b> Amount (\$) \$1,215.53	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought	<b>(d)</b> Office held	

# Contribution

FORM **ATX1CONTRIB**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule ATX1: Sch: 1/1 Rpt: 3/4
<b>2</b> FILER NAME Safe Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090518
<b>4</b> Date 10/06/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Griffin <b>6</b> Contributor address; City; State; Zip Code 2604 Stratford Drive  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$1,052.95
<b>8</b> Principal occupation / Job title (See Instructions) Producer		<b>9</b> Employer (See Instructions) Green Stoplight Productions
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyft Contributor address; City; State; Zip Code 185 Berry Street  San Francisco, CA 94110	Amount of Contribution (\$)  \$2,500.00
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#: _____ ) Merritt, Garry Contributor address; City; State; Zip Code PO Box 12331  Austin, TX 78711	Amount of Contribution (\$)  \$1,052.95
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Great Springs Project
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riley, Chris Contributor address; City; State; Zip Code 1310 San Antonio Street Apartment 1 Austin, TX 78701	Amount of Contribution (\$)  \$1,052.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

# 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.

Safe Mobility for All

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Signature of Filer