

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 9		
	LAST; SUFFIX Our Mobility Our Future	ACCOUNT # 00090476		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6020		Date Received ELECTRONICALLY FILED 10/23/2020	
	Austin, TX 78762		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	FILER OCCUPATION		Date Processed	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER EMPLOYER		Date Imaged	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Baylor		Date Imaged	
	A. Jo			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1101 Navasota, #2		Date Imaged	
	Austin, TX 78702			

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 1/5 Rpt: 2/9
4 PAYEE NAME	LAST FIRST MI Waterloo Media		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 8309 N Interstate Hwy 35 Austin, TX 78753		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/22/2020	(d) Amount (\$) \$4,934.00	
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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 2/5 Rpt: 3/9
4 PAYEE NAME	LAST FIRST MI GAR Broadcasting, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3839 BEE CAVE RD #100 Austin, TX 78746		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/22/2020	(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	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 3/5 Rpt: 4/9
4 PAYEE NAME	LAST FIRST MI KC Strategies, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3571 Far West Blvd #196 Austin, TX 78731		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/22/2020	(d) Amount (\$) \$40,787.50	
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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 4/5 Rpt: 5/9
4 PAYEE NAME	LAST FIRST MI KC Strategies, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3571 Far West Blvd #196 Austin, TX 78731		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/23/2020	(d) Amount (\$) \$149,756.49	
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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 5/5 Rpt: 6/9
4 PAYEE NAME	LAST FIRST MI Pinpoint Action, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 280 Wekiva Springs Road Longwood, FL 32779		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/23/2020	(d) Amount (\$) \$9,680.72	
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: 7/9
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 10/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Jacob	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code 1809 Travis Heights Blvd Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) BoardMaps
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canfield, Philip	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 2218 N. Fremont Street Chicago, IL 60614	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ariet Capital
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett Partners, LTD	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code PO Box 2066 Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daywood, Anthony	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 2501 Rock Terrace Dr Austin, TX 78704	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Patrick	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1101 Sprague Ln West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Self-Employed

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 2/2 Rpt: 8/9
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 10/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutual Mobile 6 Contributor address; City; State; Zip Code 211 East 7th Street Floor 2 Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, JP Contributor address; City; State; Zip Code 809 Cuernavaca Drive North Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CRE		Employer (See Instructions) Thrive, FP
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotzuk, Diane Contributor address; City; State; Zip Code 1801 KENDRA CV Austin, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) MicroAssist
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Wayne McDonald Investments Contributor address; City; State; Zip Code 3705 Balcones Dr Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
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.

Our Mobility Our Future

Signature of Filer