

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090518		2 Total pages filed: 15	
3 COMMITTEE NAME Safe Mobility for All				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/26/2020 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street Austin, TX 78701			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ted NICKNAME LAST SUFFIX Siff			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street Austin, TX 78701			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 657-5414			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year Month Day Year 09/25/2020 THROUGH 10/24/2020			
11 ELECTION		ELECTION DATE Month Day Year 11/03/2020 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Safe Mobility for All		13 Filer ID (Ethics Commission Filers) 00090518		
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # Prop A		ELECTION DATE Month Day Year 11/03/2020
		DESCRIPTION Proposition A		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 46,097.71	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 16,016.50	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 48,366.73	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ted Siff

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

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12 COMMITTEE NAME Safe Mobility for All		13 Filer ID (Ethics Commission Filers) 00090518				
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME				
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)				
	<input checked="" type="checkbox"/> MEASURE	<table><tr><td>BALLOT IDENTIFICATION Prop B</td><td>ELECTION DATE MONTH DAY YEAR 11/03/2020</td></tr><tr><td colspan="2">DESCRIPTION Proposition B</td></tr></table>		BALLOT IDENTIFICATION Prop B	ELECTION DATE MONTH DAY YEAR 11/03/2020	DESCRIPTION Proposition B
BALLOT IDENTIFICATION Prop B	ELECTION DATE MONTH DAY YEAR 11/03/2020					
DESCRIPTION Proposition B						

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Safe Mobility for All		18 Filer ID (Ethics Commission Filers) 00090518
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,597.71
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 9,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,016.50
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 5/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstock, Stephen <hr/> 6 Contributor address; City; State; Zip Code 11003 Sierra Verde Trail Austin, TX 78759	7 Amount of Contribution (\$) \$16.11
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Beth <hr/> Contributor address; City; State; Zip Code 4607 Parkwood Rd. Austin, TX 78722	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George <hr/> Contributor address; City; State; Zip Code 3306 Gentry Drive Austin, TX 78746	Amount of Contribution (\$) \$52.95
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#: _____) Cofer, George <hr/> Contributor address; City; State; Zip Code 3306 Gentry Drive Austin, TX 78746	Amount of Contribution (\$) \$105.58
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#: _____) Cofer, Richard <hr/> Contributor address; City; State; Zip Code 1621 Enfield Road A Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 6/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossley, Jay <hr/> 6 Contributor address; City; State; Zip Code 6911 Rufus Drive Austin, TX 78752	7 Amount of Contribution (\$) \$105.58
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#: _____) Crow, Jeff <hr/> Contributor address; City; State; Zip Code 1821 ohlen road Austin, TX 78757	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Griffin <hr/> Contributor address; City; State; Zip Code 2604 Stratford Drive Austin, TX 78746	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) Green Stoplight Productions
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosselink, Paul <hr/> Contributor address; City; State; Zip Code 903 west 16th st Austin, TX 78701	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Shay <hr/> Contributor address; City; State; Zip Code 3202 Caleb Dr Austin, TX 78725	Amount of Contribution (\$) \$7.68
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 7/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill Country Conservancy 6 Contributor address; City; State; Zip Code 5524 Bee Caves Road Suite G4 Austin, TX 78746	7 Amount of Contribution (\$) \$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#: _____) Kiloh, Gregory Contributor address; City; State; Zip Code 4512 Ruiz Street Austin, TX 78723	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longenecker, Adrienne Contributor address; City; State; Zip Code 3101 Canter lane Austin, TX 78759	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuley, Lea Contributor address; City; State; Zip Code 509 Clarke St. Austin, TX 78745	Amount of Contribution (\$) \$21.37
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 8/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Ellen <hr/> 6 Contributor address; City; State; Zip Code 2118 Rountree Dr Austin, TX 78722	7 Amount of Contribution (\$) \$26.63
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#: _____) Riley, Chris <hr/> Contributor address; City; State; Zip Code 1310 San Antonio St. Apt. 1 Austin, TX 78701	Amount of Contribution (\$) \$1,052.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudow, Galit <hr/> Contributor address; City; State; Zip Code 2204 Robert Browning St Austin, TX 78723	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaub, Patricia <hr/> Contributor address; City; State; Zip Code 2003 E. 2nd St. Austin, TX 78702	Amount of Contribution (\$) \$21.37
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#: _____) Scheidt, Dorian <hr/> Contributor address; City; State; Zip Code 2204 E 8th St Austin, TX 78702	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 9/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepperd, John <hr/> 6 Contributor address; City; State; Zip Code 5618 Steven Creek Way Austin, TX 78721	7 Amount of Contribution (\$) \$10.84
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#: _____) Shoal Creek Conservancy <hr/> Contributor address; City; State; Zip Code PO Box 1120 Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitz, Sarah <hr/> Contributor address; City; State; Zip Code 1314 Willow St Austin, TX 78702	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Russell <hr/> Contributor address; City; State; Zip Code 1905 Rainy Meadows Dr Austin, TX 78758	Amount of Contribution (\$) \$21.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timms, Cindy <hr/> Contributor address; City; State; Zip Code 12210 Old Stage Trail AUSTIN, TX 78750	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 10/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk Austin <hr/> 6 Contributor address; City; State; Zip Code 6006 Cary Drive Austin, TX 78757	7 Amount of Contribution (\$) \$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#: _____) Walker, Heyden <hr/> Contributor address; City; State; Zip Code 6006 Cary Dr Austin, TX 78757	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, James <hr/> Contributor address; City; State; Zip Code PO Box 1860 Bentonville, AR 72712	Amount of Contribution (\$) \$30,000.00
Principal occupation / Job title (See Instructions) Non-Profit Sector		Employer (See Instructions) Self
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whellan, Michael <hr/> Contributor address; City; State; Zip Code 4600 Laurel Canyon Dr. Austin, TX 78731	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolaver, Joanna <hr/> Contributor address; City; State; Zip Code 3214 Harris Park Ave Austin, TX 78705	Amount of Contribution (\$) \$29.79
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 7/7 Rpt: 11/15

2 FILER NAME
Safe Mobility for All

3 Filer ID (Ethics Commission Filers)
00090518

4 Date
09/28/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wolaver, Joanna

7 Amount of Contribution (\$)
\$52.95

6 Contributor address; City; State; Zip Code
3214 Harris Park Ave
Austin, TX 78705

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 12/15
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/08/2020	5 Corporation / Labor Organization name Lyft	7 Amount of contribution (\$) \$2,500.00
	6 Corporation / Labor Organization address; City; State; Zip Code 185 Berry Street San Francisco, CA 94110	
Date 10/21/2020	Corporation / Labor Organization name Presidium Group	Amount of contribution (\$) \$7,000.00
	Corporation / Labor Organization address; City; State; Zip Code 3100 McKinnon Suite #250 Dallas, TX 75201	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 13/15	2 FILER NAME Safe Mobility for All	3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/08/2020	5 Payee name CheckMark Typesetting	
6 Amount (\$) \$1,215.53	7 Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2020	Candidate/Officeholder name Office sought Office held	
Payee name CheckMark Typesetting		
Amount (\$) \$637.30	Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2020	Candidate/Officeholder name Office sought Office held	
Payee name Donateaway		
Amount (\$) \$595.52	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cumulative Online Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 14/15	2 FILER NAME Safe Mobility for All	3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/06/2020	5 Payee name Greenfield, Adam	
6 Amount (\$) \$1,140.00	7 Payee address; City; State; Zip Code 1400 Willow Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordination
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2020	Candidate/Officeholder name Max Kruemcke-Video Production	
Amount (\$) \$2,400.00	Office sought 510 TX HWY 304 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2020	Candidate/Officeholder name SquareSpace	
Amount (\$) \$28.15	Office sought 8 Clarkson Street New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 15/15	2 FILER NAME Safe Mobility for All	3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/23/2020	5 Payee name Ystrategy	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 3110 Manor Road Suite H Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held