

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 13		
	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		Date Received ELECTRONICALLY FILED 10/28/2020	
	Austin, TX 78723		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	3 INDIVIDUAL FILER EMPLOYER & OCCUPATION		Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		Date Imaged	
	Colette Pierce Burnette			
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: 1/9 Rpt: 2/13
4 PAYEE NAME	LAST FIRST MI Kruemcke, Max		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 510 Tx Hwy 304 Bastrop, TX 78602		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/23/2020	(d) Amount (\$) \$7,900.00	
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: 2/9 Rpt: 3/13
4 PAYEE NAME	LAST FIRST MI Becker, Marjorie		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1205 Kinney Ave Unit A Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/23/2020	(d) Amount (\$) \$37,000.00	
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 Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 3/9 Rpt: 4/13
4 PAYEE NAME	LAST FIRST MI Becker, Marjorie		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1205 Kinney Ave Unit A Austin, TX 78704		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/27/2020	(d) Amount (\$) \$8,550.00	
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: 4/9 Rpt: 5/13
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 10/27/2020	(d) Amount (\$) \$54,920.00	
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: 5/9 Rpt: 6/13
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 10/27/2020	(d) Amount (\$) \$17,425.00	
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: 6/9 Rpt: 7/13
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 10/27/2020	(d) Amount (\$) \$13,170.00	
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: 7/9 Rpt: 8/13
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 10/27/2020	(d) Amount (\$) \$40,000.00	
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 Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 8/9 Rpt: 9/13
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 10/27/2020	(d) Amount (\$) \$20,031.20	
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	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Mobility for All		2 FILER ID 00090488	3 Total pages Schedule ATX8EXPEND: Sch: 9/9 Rpt: 10/13
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 10/27/2020	(d) Amount (\$) \$63,715.00	
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: 1/2 Rpt: 11/13
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbrust & Brown, PLLC 6 Contributor address; City; State; Zip Code 100 Congress Ave Suite 1300 Austin, TX 78701-2744	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Taylor Contributor address; City; State; Zip Code 4223 Shorecrest Dallas, TX 75209	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) AMLI Residential
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, George Contributor address; City; State; Zip Code 16203 Sweetwood Trl Austin, TX 78737	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Rogers-O'Brien Construction
Date 10/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jeffrey Contributor address; City; State; Zip Code 4501 Freedom Dr Austin, TX 78731-6604	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) McLean & Howard LLP
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Int'l Brotherhood of Electrical Workers PAC Contributor address; City; State; Zip Code 900 Seventh St NW Washington, DC 20001	Amount of Contribution (\$) \$3,000.00
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: 12/13
2 FILER NAME Mobility for All		3 Filer ID (Ethics Commission Filers) 00090488
4 Date 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean & Howard, LLP <hr/> 6 Contributor address; City; State; Zip Code 901 S. Mopac Expy Bldg 2, Suite 225 Austin, TX 78746	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Scott <hr/> Contributor address; City; State; Zip Code 24011 W FM 1097 Montgomery, TX 77356	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Self Employed

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