

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 6	
	LAST; SUFFIX Mobility for All	ACCOUNT # 00090488	
		<b>OFFICE USE ONLY</b>	
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)	Date Received ELECTRONICALLY FILED 10/21/2020	
		Receipt #	
		HD / PM	Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION  FILER EMPLOYER	Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX  Colette  Pierce Burnette	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**

<b>1</b> FILER NAME Mobility for All		<b>2</b> FILER ID 00090488	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 1/1 Rpt: 2/6
<b>4</b> PAYEE NAME	LAST FIRST MI Texas Vote Environment		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  817 Brazos Suite 600  Austin, TX 78701		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Printing Expense	<b>(b)</b> Description	
	<b>(c)</b> Date 10/20/2020	<b>(d)</b> Amount (\$) \$4,450.94	
<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: 1/3 Rpt: 3/6
<b>2</b> FILER NAME Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090488
<b>4</b> Date 10/19/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ascension <b>6</b> Contributor address; City; State; Zip Code 4040 Vincennes Circle  Indianapolis, IN 46268	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foley & Lardner LLP Contributor address; City; State; Zip Code 777 E Wisconsin Ave Milwaukee, WI 53202	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Rebecca Contributor address; City; State; Zip Code 1023 Springdale Rd Suite 6E Austin, TX 78721	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Planner & Landscape Architect		Employer (See Instructions) Lionheart Places LLC
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manifold Real Estate Contributor address; City; State; Zip Code P.O. Box 200463 Austin, TX 78720	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Garrett Contributor address; City; State; Zip Code 3211 Bridle Path Austin, TX 78703	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Milestone

# Contribution

FORM **ATX1CONTRIB**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule ATX1: Sch: 2/3 Rpt: 4/6
<b>2</b> FILER NAME Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090488
<b>4</b> Date 10/19/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Northline Leander Development Co LLC <b>6</b> Contributor address; City; State; Zip Code c/o Personal Administrators, Inc. Suite C-100 Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson Family Management Contributor address; City; State; Zip Code P.O. Box 9556 Austin, TX 78766	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scarborough, John Contributor address; City; State; Zip Code 3108 Glenview Austin, TX 78703	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Deep Eddy Vodka
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southwest Laborers District Council Contributor address; City; State; Zip Code 11720 East 21st Street Suite D Tulsa, OK 74129	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Gas Service Contributor address; City; State; Zip Code 1301 S MoPac Expy Suite 400 Austin, TX 78746	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# Contribution

FORM **ATX1CONTRIB**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule ATX1: Sch: 3/3 Rpt: 5/6
<b>2</b> FILER NAME Mobility for All		<b>3</b> Filer ID (Ethics Commission Filers) 00090488
<b>4</b> Date 10/20/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tuttle, Tyson <hr/> <b>6</b> Contributor address; City; State; Zip Code 603 Baylor Street  Austin, TX 78703	<b>7</b> Amount of Contribution (\$) \$15,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Technology/CEO		<b>9</b> Employer (See Instructions) Silicon Labs

# 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