

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 4		
	LAST; SUFFIX Texas Public Interest Research Group	ACCOUNT # 00090517		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 200 E 30th St		Date Received ELECTRONICALLY FILED 10/26/2020	
	Austin, TX 78705		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	
	5 COMMITTEE TREASURER ADDRESS			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Texas Public Interest Research Group		<b>2</b> FILER ID 00090517	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 1/1 Rpt: 2/4
<b>4</b> PAYEE NAME	LAST FIRST MI Scoggin, Bay		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  200 E 30th St  Austin, TX 78705		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Salaries/Wages/Contract Labor	<b>(b)</b> Description	
	<b>(c)</b> Date 10/23/2020	<b>(d)</b> Amount (\$) \$319.44	
<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 Texas Public Interest Research Group		<b>3</b> Filer ID (Ethics Commission Filers) 00090517
<b>4</b> Date 10/06/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mobility for All PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code 3110 Manor Road Suite H Austin, TX 78723	<b>7</b> Amount of Contribution (\$) \$15,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> 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.

Texas Public Interest Research Group

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Signature of Filer