

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 6		
	LAST; SUFFIX Safe Mobility for All	ACCOUNT # 00090518		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street		Date Received ELECTRONICALLY FILED 10/26/2020	
	Austin, TX 78701		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	
	Ted Siff			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 West 11th Street Austin, TX 78701			

Expenditure

FORM ATX1EXPEND

1 FILER NAME Safe Mobility for All		2 FILER ID 00090518	3 Total pages Schedule ATX8EXPEND: Sch: 1/3 Rpt: 2/6
4 PAYEE NAME	LAST FIRST MI CheckMark Typesetting		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 3217 North IH-35 Austin, TX 78722		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/23/2020	(d) Amount (\$) \$637.30	
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 Safe Mobility for All		2 FILER ID 00090518	3 Total pages Schedule ATX8EXPEND: Sch: 2/3 Rpt: 3/6
4 PAYEE NAME	LAST FIRST MI YStrategy		
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 10/23/2020	(d) Amount (\$) \$10,000.00	
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 Safe Mobility for All		2 FILER ID 00090518	3 Total pages Schedule ATX8EXPEND: Sch: 3/3 Rpt: 4/6
4 PAYEE NAME	LAST FIRST MI Max Kruemcke-Video Production		
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 (\$) \$2,700.00	
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: 1/1 Rpt: 5/6
2 FILER NAME Safe Mobility for All		3 Filer ID (Ethics Commission Filers) 00090518
4 Date 10/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Presidium Group <hr/> 6 Contributor address; City; State; Zip Code 3100 McKinnon Suite #250 Dallas, TX 75201	7 Amount of Contribution (\$) \$7,000.00
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#: _____) 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

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.

Safe Mobility for All

Signature of Filer