

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 9		
	LAST; SUFFIX Our Mobility Our Future	ACCOUNT # 00090476		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6020		Date Received ELECTRONICALLY FILED 11/02/2020	
	Austin, TX 78762		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	
	Baylor A. Jo			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1101 Navasota, #2 Austin, TX 78702			

Expenditure

FORM ATX1EXPEND

1 FILER NAME Our Mobility Our Future	2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 1/4 Rpt: 2/9
--	-------------------------------	--

4 PAYEE NAME	LAST FIRST MI Borders, Carly
---------------------	---------------------------------

5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 9900 McNeil Dr Apt 6209 Austin, TX 78750
------------------------	---

6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description
------------------------------	--	------------------------

	(c) Date 10/30/2020	(d) Amount (\$) \$150.00
--	-------------------------------	------------------------------------

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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 2/4 Rpt: 3/9
4 PAYEE NAME	LAST FIRST MI Flake, Dalton		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 220 Peppergrass Cove Kyle, TX 78640		
6 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/30/2020	(d) Amount (\$) \$500.00	
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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 3/4 Rpt: 4/9
4 PAYEE NAME	LAST FIRST MI Pinpoint Action, LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 280 Wekiva Springs Road Longwood, FL 32779		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/30/2020	(d) Amount (\$) \$10,000.03	
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 Our Mobility Our Future		2 FILER ID 00090476	3 Total pages Schedule ATX8EXPEND: Sch: 4/4 Rpt: 5/9
4 PAYEE NAME	LAST FIRST MI Moonshot Marketers LLC		
5 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 1230 E 38th And Half St B Austin, TX 78702		
6 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 11/02/2020	(d) Amount (\$) \$8,338.82	
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: 1/3 Rpt: 6/9
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 10/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robert	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 710 Vanguard St Lakeway, TX 78734	
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) IBC Bank
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beuerlein, Laura	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2603 Exposition Blvd Ste G 12 Austin, TX 78703	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Heritage Title Company
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONE TO TEXAS CAPITAL ONE LP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 804 Congress Ave Suite 300 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannig Row Partnership	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 200 East 6th #220 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichert, Marianne	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code 8903 Creekmont Cv Austin, TX 78748	
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Michael's

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 2/3 Rpt: 7/9
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 10/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinken, Janis	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code P.O. Box 26453 Austin, TX 78755	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joseph	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 2611 West 49th St Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez Enterprises Inc	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 1912 E 7th St Unit B Austin, TX 78702	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jim	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spataro, Susan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 6628 Haswell Lane Austin, TX 78749	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 3/3 Rpt: 8/9
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 11/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The POLAR BEAR TRUST <hr/> 6 Contributor address; City; State; Zip Code 804 Congress Ave Suite 300 Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whorton, Michael <hr/> Contributor address; City; State; Zip Code 11200 Jollyville Rd Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Whorton Ins.

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.

Our Mobility Our Future

Signature of Filer