

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090476	2 Total pages filed: 14
3 COMMITTEE NAME Our Mobility Our Future		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2020	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6020 Austin, TX 78762		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Baylor	
	NICKNAME	LAST	SUFFIX
		A. Jo	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1101 Navasota #2 Austin, TX 78702		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	413-4276	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 Limit
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 01/27/2020	THROUGH	Month Day Year 06/30/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/03/2020	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Our Mobility Our Future		13 Filer ID (Ethics Commission Filers) 00090476	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # NA	ELECTION DATE Month Day Year 11/03/2020
	DESCRIPTION Transportation funding measure by City of Austin		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 98,620.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,666.47	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46,933.53	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Baylor A. Jo
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

17 COMMITTEE NAME Our Mobility Our Future	18 Filer ID (Ethics Commission Filers) 00090476
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19 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,620.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 75,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,000.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 10,000.00
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 41,666.47
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,000.00
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/14
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 02/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrow, Janis	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5515 Balcones Drive Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bury III, Paul	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2615 Harris Blvd Austin, TX 78703		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code 1403 Club Ridge CV Austin, TX 78735		
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County
Date 04/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 1403 Club Ridge CV Austin, TX 78735		
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County
Date 04/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 1403 Club Ridge CV Austin, TX 78735		
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/14
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 02/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Bryan <hr/> 6 Contributor address; City; State; Zip Code 6757 Airport Blvd Austin, TX 78752	7 Amount of Contribution (\$) \$20,000.00
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) self-employed
Date 03/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Rae <hr/> Contributor address; City; State; Zip Code 2303 Windsor Rd Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) housewife		Employer (See Instructions) none
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korompai, Edward <hr/> Contributor address; City; State; Zip Code 8900 Research Park Drive Apt 1023 The Woodlands, TX 77381	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Patent Council		Employer (See Instructions) Ventures Oxides LLC
Date 02/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John <hr/> Contributor address; City; State; Zip Code 3839 Bee Cave Road Suite 204 Austin, TX 78746	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) investments		Employer (See Instructions) John Lewis Company
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John <hr/> Contributor address; City; State; Zip Code 3839 Bee Cave Road Suite 204 Austin, TX 78746	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) investments		Employer (See Instructions) John Lewis Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/14
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 02/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jim <hr/> 6 Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746	7 Amount of Contribution (\$) \$6,000.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jim <hr/> Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746	Amount of Contribution (\$) \$8,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Xi <hr/> Contributor address; City; State; Zip Code 2120 Westfalian Trail Austin, TX 78732	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 7/14	
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 06/29/2020	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCall, John	8 Amount of pledge (\$) \$24,000.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code PO Box 633 Spicewood, TX 78669		
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
5 Date 06/23/2020	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Roger	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 2750 NE 23rd St. Pompeo Beach, FL 33062		
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
5 Date 06/30/2020	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vicki	8 Amount of pledge (\$) \$50,000.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 3201 Aztec Fall Cove Austin, TX 78746		
10 Principal occupation / Job title (See Instructions) retired		11 Employer (See Instructions) retired	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 8/14
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476
4 Date 02/28/2020	5 Corporation / Labor Organization name Charles Maund Toyota	7 Amount of contribution (\$) \$10,000.00
	6 Corporation / Labor Organization address; City; State; Zip Code 8400 Research Blvd Austin, TX 78767	
Date 06/23/2020	Corporation / Labor Organization name STEJO Investments LP	Amount of contribution (\$) \$10,000.00
	Corporation / Labor Organization address; City; State; Zip Code 1601 S Mopac Expressway Suite D-175 Austin, TX 78746	

**PLEGGED CONTRIBUTIONS FROM CORPORATION OR
LABOR ORGANIZATION**

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: Sch: 1/1 Rpt: 9/14	
2 FILER NAME Our Mobility Our Future		3 Filer ID (Ethics Commission Filers) 00090476	
4 Date 06/29/2020	5 Corporation / Labor Organization Name Brown Distributing Co.	7 Amount of pledge (\$) \$10,000.00	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 8711 Johnny Morris Rd Austin, TX 78724		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 10/14	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4 Date 04/01/2020	5 Payee name Borgelt, Roger	
6 Amount (\$) \$850.00	7 Payee address; City; State; Zip Code 614 S. Capital of Texas Hwy Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services rendered for campaign and election matters
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2020	Payee name Bronson, Jonathan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3809 Rockledge Dr Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2020	Payee name Bronson, Jonathan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3809 Rockledge Dr Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 11/14	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4 Date 03/09/2020	5 Payee name Flexicodes	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 18650 W. Old US 12 1 Chelsea, MI 48118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web development
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2020	Payee name Magnuson, Dillon	
Amount (\$) \$243.52	Payee address; City; State; Zip Code 513 S Park Dr Unit #304 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography/image licensing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2020	Payee name Moreland Consulting	
Amount (\$) \$6,427.20	Payee address; City; State; Zip Code 5202 Woodmoor Dr Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting services rendered
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 12/14	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4 Date 03/02/2020	5 Payee name Moreland Consulting	
6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 5202 Woodmoor Dr Austin, TX 78721	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting services rendered
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2020	Payee name Moreland Consulting	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 5202 Woodmoor Dr Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2020	Payee name Moreland Consulting	
Amount (\$) \$3,795.75	Payee address; City; State; Zip Code 5202 Woodmoor Dr Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 13/14	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
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4 Date 06/02/2020	5 Payee name Moreland Consulting
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6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 5202 Woodmoor Dr Austin, TX 78721
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/07/2020	Payee name Shack, Edward
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 4410 Bellvue Ave Austin, TX 78756
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services rendered for campaign and election matters
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/27/2020	Payee name Voices of Austin
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 108 Wild Basin Rd S Unit 250 Austin, TX 78746
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Voices of Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4 Date 06/02/2020	5 Payee name Lewis, John	
6 Amount (\$) 5,000.00	7 Payee Address; City; State; Zip 3839 Bee Cave Road Suite 204 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Donation Partial Refund	(b) Description (See instructions regarding type of information required.) Donation Partial Refund