



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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DCC RECEIVED AT
DEC 3 '18 PM 2:55

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <div>Austin Firefighters Public Safety Fund</div>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* <div>7537 Cameron Road</div> City* <div>Austin</div> Apartment or Suite Number <div></div> State* <div>TX</div> Zip Code* <div>78752</div>
3 COMMITTEE TREASURER NAME (if applicable)	Title <div></div> First Name <div>Gregory</div> Middle Initial <div></div> Last Name <div>Pope</div> Suffix <div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box <div>162 Paintbrush Trail</div> City <div>Lockhart</div> Apartment or Suite Number <div></div> State <div>TX</div> Zip Code <div>78644</div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181203</div>

* Indicates a required field



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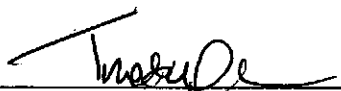
(Previously Independent Expenditures not by a Candidate)

6 AFFIDAVIT

I swear or affirm upon 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 that this Report of Direct Campaign Expenditures filed herewith 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.

DATE: December 3, 2018



AFFIANT'S SIGNATURE

TIMOTHY OLSON

PRINT NAME

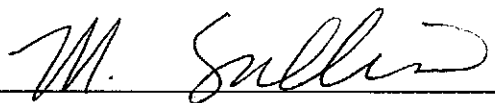
STATE OF TEXAS

COUNTY OF TRAVIS

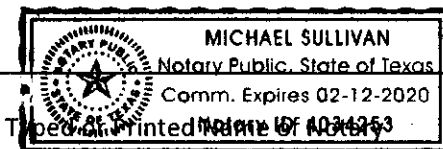
This instrument was acknowledged, sworn to and subscribed before me by

Timothy Olson

On the 3 day of DEC, 2018, to certify which witness my hand and official seal.



Notary Public in and for the State of Texas





Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

[illegible]



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	Payee Title	Payee First Name*		
		Delwin		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	Goss			
2 PAYEE ADDRESS	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	6410 Ponca Street			
	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78741	
3 EXPENDITURE DETAILS	Category*		(\$) Expenditure Amount*	
	Other (use Description field)		\$2,250.00	
	Description (If Category is "Other")		Expenditure Date*	
	Contract Labor - Build and Install Signs		20181129	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Harper-Madison	Natasha	City Council - District 1	
Ward	Frank	City Council - District 8	



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	<table><tr><td>Contributor Title</td><td>Contributor First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Contributor Last Name, as applicable*</td><td>Contributor Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Contributor Title	Contributor First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	<input type="text"/>	<input type="text"/>										
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Organization Name or Contributor Last Name, as applicable*	Contributor Suffix																		
<input type="text"/>	<input type="text"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table><tr><td>Contributor Address/ PO Box*</td><td colspan="2">Contributor Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Contributor City*</td><td>Contributor State*</td><td>Contributor Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Contributor Employer*</td><td colspan="2">Contributor Occupation*</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr></table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
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Contributor Employer*	Contributor Occupation*																		
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3 CONTRIBUTION DETAILS	<table><tr><td>Contribution Date (yyyymmdd)*</td><td>(\$) Contribution Amount*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text"/>	<input type="text"/>														
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[Add Another Contribution Page](#)