

(Previously Independent Expenditures not by a Candidate)

1	Committee or Organization Name*		
INDIVIDUAL	Austin Firefighters Public Safety Fund		
OR			1990-1 990 - 1
ORGANIZATION			
NAME			
Filer is an individual		-	OCC RECEIVED AT DEC 13'18 PM1:14
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or Suit	e Number
ORGANIZATION	7537 Cameron Road		
ADDRESS	City*	State*	Zip Code*
RUURESS	Austin	ТХ	78752
3	Title First Name	Mi	ddle Initial
COMMITTEE TREASURER	Gregory		
NAME	Last Name	Suffix]
(if applicable)	Роре		
4	Address/ PO Box	Apartment or Suit	e Number
COMMITTEE TREASURER	162 Paintbrush Trail		
ADDRESS	City	State	Zip Code
(if applicable)	Lockhart	ТХ	78644
S REPORT DATE	Date Filed (yyyymmdd)*		
	20181213		

* Indicates a required field

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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: JECTU30 13, 2015 house

AFFIANT'S SIGNATURE

FILLOFALY OLOON

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

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DeC.

On the

Notary Public in and for the State of Texas

2018, to certify which witness my hand and official seal.

MICHAEL SULLIVAN Notary Public, State of Texas Comm. Expires 02-12-2020 RKPrintedNoamel8f408f253





(Previously Independent Expenditures not by a Candidate)

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

1		
PAYEE		
NAME	Organization Name or Payee Last Name, as applicable*	
Pavee is an individual	Guardian Public Strategies	
2	Payee Address/ PO Box*	Payee Apartment or Suite Number
PAYEE	815-A Brazos Street	Suite 304
ADDRESS	Payee City*	Payee State* Payee Zip Code*
	Austin	TX 78701
3	Category*	(\$) Expenditure Amount*
EXPENDITURE	Printing Expense	\$10,381.82
DETAILS	Description (If Category is "Other")	Expenditure Date*
		20181212
2 PAYEE ADDRESS 3 EXPENDITURE	Guardian Public Strategies Payee Address/ PO Box* 815-A Brazos Street Payee City* Austin Category* Printing Expense	Suite 304 Payee State* Payee Zip Code* TX 78701 (\$) Expenditure Amount* \$10,381.82 Expenditure Date*

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ward	Frank	City Council - District 8	
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(Previously Independent Expenditures not by a Candidate)

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

1.				
PAYEE				
NAME	Organization Name or Payee Last Name, as applicable*			
Payee is an individual	Guardian Public Strategies			
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number	
PAYEE	815-A Brazos Street	Suite 304		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Austin	тх	78701	
3	Category*	(\$) Expenditure A	mount*	
EXPENDITURE	Printing Expense	\$573.94		
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
		20181212		

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ward	Frank	City Council - District 8	
			
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(Previously Independent Expenditures not by a Candidate)

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

1				
-	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*		
	Payee is an individual	Guardian Public Strategies		
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	815-A Brazos Street	Suite 304	
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Austin	тх	78701
3		Category*	(\$) Expenditure A	mount*
EXPENDITURE		Salaries/Wages/Contract labor	\$14,000.00	
	DETAILS	Description (If Category is "Other")	Expenditure Date*	
			20181212	

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	
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Report Of Direct Campaign Expenditures: Schedule ATX.1 (Previously Independent Expenditures not by a Candidate)



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Austin Firefighters Association		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 7537 Cameron Road Contributor City* Austin Contributor Employer*	Contributor Apartme Contributor State* TX Contributor Occupat	Contributor Zip Code* 78752
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181213	\$27,852.90	

Add Another Contribution Pegg