



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCT 25 '18 AM 10:06

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	<div>Address/ PO Box*<div>7537 Cameron Road</div></div> <div>Apartment or Suite Number<div></div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78752</div></div>
3 COMMITTEE TREASURER NAME (if applicable)	<div>Title<div></div></div> <div>First Name<div>Gregory</div></div> <div>Middle Initial<div></div></div> <div>Last Name<div>Pope</div></div> <div>Suffix<div></div></div>
4 COMMITTEE TREASURER ADDRESS (if applicable)	<div>Address/ PO Box<div>162 Paintbrush Trail</div></div> <div>Apartment or Suite Number<div></div></div> <div>City<div>Lockhart</div></div> <div>State<div>TX</div></div> <div>Zip Code<div>78644</div></div>
5 REPORT DATE	Date Filed (yyyymmdd)* <div>20181025</div>

* 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: October 25, 2018

[Signature]

AFFIANT'S SIGNATURE

Timothy Olson

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

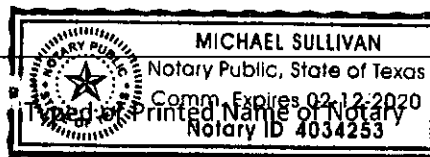
This instrument was acknowledged, sworn to and subscribed before me by

Timothy Olson

On the 25th day of OCTOBER, 2018, to certify which witness my hand and official seal.

M. Sullivan

Notary Public in and for the State of Texas





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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 type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* Paragon Printing & Mailing		
2	PAYEE ADDRESS	Payee Address/ PO Box* 10423 McKalla Place	Payee Apartment or Suite Number	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78758
3	EXPENDITURE DETAILS	Category* Printing Expense	(\$) Expenditure Amount* \$3,233.05	
		Description (If Category is "Other")	Expenditure Date* 20181023	

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)
Renteria	Sabino	City Council - District 3	City Council - District 3