



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT
DEC 11 '18 AM 11:30

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)	<table><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td></td><td>Gregory</td><td></td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td>Pope</td><td colspan="2"></td></tr></table>			Title	First Name	Middle Initial		Gregory		Last Name	Suffix		Pope		
Title	First Name	Middle Initial													
	Gregory														
Last Name	Suffix														
Pope															
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>20181211</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: December 11, 2018

AFFIANT'S SIGNATURE

PRINT NAME

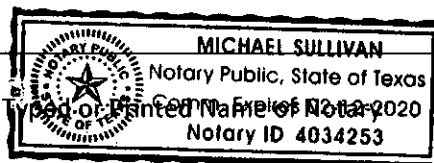
STATE OF TEXAS

COUNTY OF TRAVIS

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

On the 11th day of DEC, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas





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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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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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