



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

☐ Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> <div>Austin Firefighters Public Safety Fund</div>  <div style="text-align: right;"><b>OCC RECEIVED AT DEC 13 '18 PM 1:14</b></div>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <div>7537 Cameron Road</div> <b>City*</b> <div>Austin</div> <b>Apartment or Suite Number</b> <div></div> <b>State*</b> <div>TX</div> <b>Zip Code*</b> <div>78752</div>
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <div></div> <b>First Name</b> <div>Gregory</div> <b>Middle Initial</b> <div></div> <b>Last Name</b> <div>Pope</div> <b>Suffix</b> <div></div>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <div>162 Paintbrush Trail</div> <b>City</b> <div>Lockhart</div> <b>Apartment or Suite Number</b> <div></div> <b>State</b> <div>TX</div> <b>Zip Code</b> <div>78644</div>
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> <div>20181213</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 13, 2018

[Signature]

AFFIANT'S SIGNATURE

Timothy Olson

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

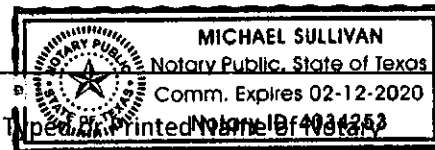
This instrument was acknowledged, sworn to and subscribed before me by

Timothy Olson

On the 13 day of Dec, 2018, to certify which witness my hand and official seal.

[Signature]

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	<b>Organization Name or Contributor Last Name, as applicable*</b>  Austin Firefighters Association	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<b>Contributor Address/ PO Box*</b>  7537 Cameron Road	<b>Contributor Apartment or Suite Number</b>  
	<b>Contributor City*</b>  Austin	<b>Contributor State*</b> <b>Contributor Zip Code*</b>  TX 78752
	<b>Contributor Employer*</b>  	<b>Contributor Occupation*</b>  
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<b>Contribution Date (yyyymmdd)*</b>  20181213	<b>(\$) Contribution Amount*</b>  \$27,852.90

[Add Another Contribution Page](#)