

# Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 5		
	LAST; SUFFIX Austin Firefighters PAC	ACCOUNT # 00090512		
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road		Date Received ELECTRONICALLY FILED 10/23/2020	
	Austin , TX 78752		Receipt #	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		HD / PM	Amount
	3 INDIVIDUAL FILER EMPLOYER & OCCUPATION		Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX		Date Imaged	
	David  Lundstedt			
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road  Austin , TX 78752			

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Austin Firefighters PAC		<b>2</b> FILER ID 00090512	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 1/3 Rpt: 2/5
<b>4</b> PAYEE NAME	LAST FIRST MI Chincanchan, David		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  PO Box 19563  Austin, TX 78760		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Donation to David Chincanchan Campaign	
	<b>(c)</b> Date 10/20/2020	<b>(d)</b> Amount (\$) \$400.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title  Chincanch David	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought  Council Member, District 2	<b>(d)</b> Office held	

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Austin Firefighters PAC		<b>2</b> FILER ID 00090512	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 2/3 Rpt: 3/5
<b>4</b> PAYEE NAME	LAST FIRST MI Alter, Alison		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  4401 Bellvue Avenue  Austin, TX 78756		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Donation to Alison Alter Campaign	
	<b>(c)</b> Date 10/20/2020	<b>(d)</b> Amount (\$) \$400.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title  Alter Alison	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought  Council Member, District 10	<b>(d)</b> Office held  Council Member, District 10	

# Expenditure

FORM ATX1EXPEND

<b>1</b> FILER NAME Austin Firefighters PAC		<b>2</b> FILER ID 00090512	<b>3</b> Total pages Schedule ATX8EXPEND:  Sch: 3/3 Rpt: 4/5
<b>4</b> PAYEE NAME	LAST FIRST MI Flannigan, Jimmy		
<b>5</b> PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code  PO Box 301074  Austin , TX 78752		
<b>6</b> EXPENDITURE DETAILS	<b>(a)</b> Category Other	<b>(b)</b> Description Donation to Jimmy Flannigan Campaign	
	<b>(c)</b> Date 10/22/2020	<b>(d)</b> Amount (\$) \$400.00	
<b>7</b> Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	<b>(a)</b> Candidate/Officeholder name LastName; Suffix; FirstName; Title  Flannigan Jimmy	<b>(b)</b> Ballot measure supported/opposed  (CHECK IF BALLOT MEASURE)	
	<b>(c)</b> Office sought  Council Member, District 6	<b>(d)</b> Office held  Council Member, District 6	

**Report of Direct Campaign Expenditures:**

**ATX.1**

**AFFIDAVIT**

This information serves as the electronic signature of the person legally responsible for filing this report.

I swear or affirm under 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 or affirm under penalty of perjury that this Report of Direct Campaign Expenditures 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.

Austin Firefighters PAC

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Signature of Filer