

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070061	2 Total pages filed: 9
3 COMMITTEE NAME Georgetown Firefighters for Responsible Government		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/11/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2233 Dale Lane Dale, TX 78616	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Jakin R.	
		NICKNAME LAST SUFFIX Mattern	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2233 Dale Lane Dale, TX 78616	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7316 Dan Jean Dr. #B Austin, TX 78745	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (615) 681-2104	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Georgetown Firefighters for Responsible Government	13 Filer ID (Ethics Commission Filers) 00070061
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:null Election Date:2023-11-07 Desc:Williamson County Emergency Services District No. 8, Proposition A
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,824.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,028.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Jakin R. Mattern

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Georgetown Firefighters for Responsible Government		18 Filer ID (Ethics Commission Filers) 00070061
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 756.00
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 24,824.56
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/4 Rpt: 4/9	
2 FILER NAME Georgetown Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00070061	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Chad (Mr.)	8 Amount of pledge (\$) \$15.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Buda, TX 78610		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Jake	8 Amount of pledge (\$) \$15.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Salado, TX 76571		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilbrey, Daniel (Mr.)	8 Amount of pledge (\$) \$120.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Georgetown, TX 78635		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Thomas (Mr.)	8 Amount of pledge (\$) \$30.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Georgetown, TX 78633		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 2/4 Rpt: 5/9	
2 FILER NAME Georgetown Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00070061	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faught, Scott 7 Pledgor Address; City; State; Zip Code Georgetown, TX 78628	8 Amount of pledge (\$) \$9.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fryer, Richard (Mr.) 7 Pledgor Address; City; State; Zip Code Georgetown, TX 78633	8 Amount of pledge (\$) \$30.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Brad (Mr.) 7 Pledgor Address; City; State; Zip Code Georgetown, TX 78628	8 Amount of pledge (\$) \$60.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Clayton (Mr.) 7 Pledgor Address; City; State; Zip Code Robinson, TX 76706	8 Amount of pledge (\$) \$15.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 3/4 Rpt: 6/9	
2 FILER NAME Georgetown Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00070061	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphres, Jamison (Mr.)	8 Amount of pledge (\$) \$60.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Leander, TX 78641		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gary (Mr.)	8 Amount of pledge (\$) \$90.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Leander, TX 78641		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Eric (Mr.)	8 Amount of pledge (\$) \$42.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Lampasas, TX 76550		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Colby	8 Amount of pledge (\$) \$30.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Manor, TX 78653		
10 Principal occupation / Job title (See Instructions) Firefighter		11 Employer (See Instructions) GFD	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 4/4 Rpt: 7/9

2 FILER NAME
Georgetown Firefighters for Responsible Government

3 Filer ID (Ethics Commission Filers)
00070061

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date
12/31/2023

6 Full name of pledgor out-of-state PAC (ID#: _____)
Mattern, Jakin (Mr.)

7 Pledgor Address; City; State; Zip Code

Dale, TX 78616

8 Amount of
pledge (\$)
\$60.00

9 In-kind description
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Firefighter

11 Employer (See Instructions)
GFD

5 Date
12/31/2023

6 Full name of pledgor out-of-state PAC (ID#: _____)
Shell, James (Mr.)

7 Pledgor Address; City; State; Zip Code

Georgetown, TX 78628

8 Amount of
pledge (\$)
\$120.00

9 In-kind description
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Firefighter

11 Employer (See Instructions)
GFD

5 Date
12/31/2023

6 Full name of pledgor out-of-state PAC (ID#: _____)
Stout, Cody (Mr.)

7 Pledgor Address; City; State; Zip Code

Georgetown, TX 78628

8 Amount of
pledge (\$)
\$60.00

9 In-kind description
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Firefighter

11 Employer (See Instructions)
GFD

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 8/9
2 FILER NAME Georgetown Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00070061
4 Date 11/04/2023	5 Corporation / Labor Organization name IAFF	7 Amount of contribution (\$) \$7,500.00
	6 Corporation / Labor Organization address; City; State; Zip Code Washington DC, DC 20006	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	2 FILER NAME Georgetown Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00070061
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4 Date 11/28/2023	5 Payee name CD&P
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6 Amount (\$) \$24,233.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 5459 Austin, TX 78763
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community outreach/Multimedia and graphic design/Marketing and communication
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2023	Payee name Minuteman Press
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Amount (\$) \$590.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1904 S Austin Avenue Georgetown, TX 78626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lanyard printing to identify GFRRG individuals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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