MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

F			1 Filer ID	2 Total pages filed:				
Tł	ne MPAC Instruction (2 Total pages filed: 6						
3	COMMITTEE NAME			OFFICE USE ONLY				
	Austin Firefighters							
	-	-						
				ELECTRONICALLY FILED				
				05/29/2024				
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP					
	ADDRESS	7537 Cameron Rd.						
	Change of Address	Austin, TX 78752		Date Hand-delivered or Date Postmarked				
5	CAMPAIGN	MS / MRS / MR FIRST	Μ					
ľ	TREASURER			Receipt # Amount				
	NAME	Mr. Grego	ry					
				Date Processed				
		NICKNAME LAST	SI	JFFIX				
		Pope		Date Imaged				
L	OAMBAION							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CITY;	STATE; ZIP CODE				
	STREET	7537 Cameron Rd.						
	ADDRESS							
	(Residence or Business)	Austin, TX 78752						
7	CAMPAIGN							
Ľ	TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE				
	MAILING	7537 Cameron Rd.						
	ADDRESS							
	Change of Address	Austin, TX 78752						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
	TREASURER							
	PHONE	(512) 441-7572						
<u>م</u>	REPORT TYPE							
ľ		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)				
10	MONTHLY		pril E 🛛 July E	October 5				
	REPORT FILING DEADLINE	January 5	pril 5 🛛 🗌 July 5					
		February 5	lay 5 August 5	November 5				
		March 5 X J	une 5 September	r 5 December 5				
11	L PERIOD	Month Day Year	Μ	onth Day Year				
	COVERED	04/26/2024	THROUGH	5/25/2024				
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		C	D TO PAGE 2					
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Fo	rms provided by Tex	as Ethics Commission www	v.ethics.state.tx.us	Version V4.1.0.d378aba0				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13				(Ethics Commission Filers)	
Austin Firefighters Public Safety Fund 000					
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	24,868.79	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			1		
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. Greg	jory Pope		
Signature of Campaign Treasurer				rer	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed	Sworn to and subscribed before me, by the said day				
Signature of officer administering oathPrinted name of officer administering oathTitle of officer administering oath					
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0	

FORM MPAC COVER SHEET PG 3

3 of 6

17 CON	имітте	(Ethics Commission Filers)			
Aus	tin Fire				
19 SCH		SUBTOTAL AMOUNT			
NAM	1E OF S				
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	0.00
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00
3.	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9.	. X SCHEDULE E: LOANS		\$	0.00	
10.	0. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	0.00	
11.	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	0.00
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
14.	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	15.85
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
		•			

SUBTOTALS - MPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austin Firefighters Public Safety Fund 00070365 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9) (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS SCHEDULE E							
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/6						
2 FILER NAME Austin Firefighters Public Safety Fund	3 Filer ID (Ethics Commission Filers) 00070365						
⁴ TOTAL OF UNITEMIZED LOANS	\$ 0.00						
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:) 9 Loan Amount (\$)						
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	10 Interest Rate						
	11 Maturity Date						
12 Principal occupation / Job title (See Instructions) 13 Employer (See	e Instructions)						
14 Description of Collateral 15 Check if perso None	onal funds were deposited into political account (See Instructions)						
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)						
not applicable 18 Guarantor address; City; State; Zip Code							
20 Principal occupation 21 Employer (See	e Instructions)						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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6

8

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) Total pages Schedule I: 3 Austin Firefighters Public Safety Fund 00070365 Sch: 1/1 Rpt: 6/6 Date 5 Payee name 05/08/2024 Express Tax Exempt Amount (\$) Payee Address; City; State; Zip 7 2685 Celanese Road 15.85 Suite 100 Expenditure from Rock Hill, SC 29732 corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description PURPOSE (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking Fee to file extension for 2023 990 for Austin Firefighters Public Safety Fund

SCHEDULE I