



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Abilene Fire Fighters Association Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00065735 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ | 0.00      |
|                                | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |           |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ | 0.00      |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ | 0.00      |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 22,950.35 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 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.

Kegan Carey  
\_\_\_\_\_  
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 - MPAC

|  |  |   |
|--|--|---|
| <b>17 COMMITTEE NAME</b><br>Abilene Fire Fighters Association Political Action Committee |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00065735 |
| <b>19 SCHEDULE SUBTOTALS</b>   |  | <b>SUBTOTAL AMOUNT</b>                                    |
|  | NAME OF SCHEDULE   |   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00   |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00   |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00   |
| 4.   | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                    | \$  |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 0.00   |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 0.00   |
| 11.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00   |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ 0.00   |
| 13.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00   |
| 14.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$  |
| 15.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 8.18   |

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 4/6

**2** FILER NAME  
Abilene Fire Fighters Association Political Action Committee

**3** Filer ID (Ethics Commission Filers)  
00065735

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**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

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/6  |
| <b>2</b> FILER NAME<br>Abilene Fire Fighters Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065735   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?   | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|   |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)                       |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None                |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable          | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|   | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation  |  | <b>21</b> Employer (See Instructions)  |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 6/6                      |
| <b>2</b> FILER NAME<br>Abilene Fire Fighters Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00065735                   |
| <b>4</b> Date<br>09/02/2024   | <b>5</b> Name of person from whom amount is received<br>First Financial Bank                            | <b>8</b> Amount (\$)<br>\$8.18   |
|   | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Abilene, TX 79601 |  |
|   | <b>7</b> Purpose for which amount is received   | <input type="checkbox"/> Check if political contribution returned to filer |