#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

т	he MPAC Instruction (	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00065735	)		2 Total pages filed: 6
3	COMMITTEE NAME					T	OFFICE USE ONLY
	Abilene Fire Fighters Association Political Action Committee						Date Received
							ELECTRONICALLY FILED 09/27/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	Cl	TY; STATE; ZI	Р		
	ADDRESS	PO Box 6837					
		Abilene, TX 79608					Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST			MI		
	NAME	Kegan					Receipt # Amount
						ŀ	Date Processed
		NICKNAME LAST			SUF		Date Processeu
		Carey				ŀ	Date Imaged
		Caroy					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	):	APT / SUITE #;	CITY;	STA	TE: ZIP CODE
	TREASURER	PO Box 6837					
	STREET ADDRESS						
	(Residence or Business)	Abilene, TX 79608					
Ļ	CAMPAICN					CT A	
Ľ	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX; PO Box 6837		APT / SUITE #;	CITY;	STA	TE; ZIP CODE
	MAILING	PO B0x 0837					
	ADDRESS Change of Address	Abilene, TX 79608					
8	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENS	SION		
	TREASURER	(225) 660 0222					
	PHONE	(325) 669-8232					
9	REPORT TYPE	X Monthly	Ľ	10th day after can treasurer terminat			Dissolution (Attach PAC-DR)
10	) MONTHLY REPORT FILING	January 5 Apr	il 5		luly 5		X October 5
	DEADLINE						
		February 5	y 5	A	August 5		November 5
		March 5 Jur	ie 5		September 5		December 5
11		Month Day Year	тыс	ROUGH	Mon	h	Day Year
	COVERED	08/26/2024		0001	09/2	5/20	024
Í							
Í							
Í							
Í							
Í		GO	TO	PAGE 2			
Fo	rms provided by Tex	as Ethics Commission www.e	ethic	s.state.tx.us			Version V4.1.0.48da51f7

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Abilene Fire Fighters A	ssociation Political Actio	on Committee	00065735					
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						
	0. 14	A Supported						
	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	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 G PERIOD	DAY \$	22,950.35				
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	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.								
		Kegar	n Carey					
	Signature of Campaign Treasurer							
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me, by the said day								
of, 20, to certify which, witness my hand and seal of office.								
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of offic	er administering oath				
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7				

#### SUBTOTALS - MPAC

#### FORM MPAC COVER SHEET PG 3

3 of 6

	TTEE NAME	18 Filer ID	(Ethics Commission Filers)
Abilen	(Ethics Commission Filers)		
19 SCHED NAME	SUBTOTAL AMOUNT		
1. >	<b>\$</b> 0.00		
2. >	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00	
3. 🔉	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. 🔉	SCHEDULE E: LOANS		\$ 0.00
10. 🔉	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 0.00
11. 🔉	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12. 🔉	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
13. 🔉	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15. 🔉	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 8.18

# PLEDGED 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				3	Filer ID	(Ethics (	Commission Filers)	
	Abilene Fire Fighters Association Political Action Committee				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; Ci	ty; State; Zip Code			Check if trave	I I I I el outside	of Texas. Complete Sch	edule T.
10	Principal occ	upation / Job title (See Instructions	5)	11 Employer (See Instru	ctio	ns)			

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		ages Schedule E: /1 Rpt: 5/6	
2 FILER NAME Abilene Fire Fighters Association Political Action Committee	3 Filer ID 000657	(Ethics Commission Filers) 35	
<sup>4</sup> 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	
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instructions)	)		
14 Description of Collateral     15 Check if personal funds we       None	re deposited	l into political account (See Instructions)	
IG     GUARANTOR     IT     Name of guarantor       INFORMATION     INFORMATION		19 Amount Guaranteed (\$)	
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions	)	I	

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule K: Sch: 1/1 Rpt: 6/6			
2	2 FILER NAME			3		(Ethics Commission Filers)		
	Abilene Fire Fighters Association Political Action Committee				00065	735		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	09/02/2024		First Financial Bank			\$8.18		
		6	Address of person from whom amount is received; City; State; Zip Code					
			Abilana TV 20001					
		<u> </u>	Abilene, TX 79601					
		7	Purpose for which amount is received	eck if polit	ical conti	ribution returned to filer		