FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070365 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Firefighters Public Safety Fund Date Received **ELECTRONICALLY FILED** 10/01/2024 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 MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Gregory NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Pope CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 7537 Cameron Rd. STREET **ADDRESS** (Residence or Business) Austin, TX 78752 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 7537 Cameron Rd. MAILING **ADDRESS** Change of Address Austin, TX 78752 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 441-7572 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Firefighters Publ	lic Safety Fund		00070365	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Management	A Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Kirk Watson Mayor - City of A	ustin	
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	48,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	21,260.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	51,608.63
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Mr. Gree	gory Pope	
		Signature of Ca		ırer
AFFIX NOTARY	STAMP / SEAL ABOVE	3	, , , ,	
Sworn to and subscribed	l before me. by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of office	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME			I	12 Filor ID	Page 3 of 10
ustin Firefighters Public	Safety Fund			13 Filer ID 00070365	(Ethics Commission Filers)
_		l		00070305	
4 COMMITTEE ACTIVITY	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	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Mackenzie Kelly Austin City Cou	ıncil Member	
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Vanessa Fuentes Austin City Co	uncil Member	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Jose "Chito" Vela Austin City Co	uncil Member	
	applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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				4 of 10
7 COMMIT		18 Filer ID	(Ethics Comr	nission Filers)
	refighters Public Safety Fund	00070365		
	LE SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	\$	48,000.00		
2. X	\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,260.16
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f		Total pages Schedule A1: Sch: 1/1 Rpt: 5/10	
2	FILER NAME Austin Firefi	ghters Public Safety Fund	3	Filer ID (Ethics Commission Filers) 00070365	
4	Date 09/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Austin Firefighters PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$48,000.00
		Austin , TX 78752			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	

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

LOA	NS							S	CHEDULE	Ε
The In	structio	on Guide explains h	ow to compl	ete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 7/10				
2 FILER N Austin F		rs Public Safety Fund				3 Filer ID (Ethics Commission Filers) 00070365			ers)	
4 TOTAL	OF UN	IITEMIZED LOANS						\$		0.00
5 Date of l	oan	7 Name of lender	or	ut-of-state PA	C (ID#:)	9 Loan Ar	nount (\$)	
6 Is lender financial institution		8 Lender address;	City;	State;	Zip Code			10 Interest		
								11 Maturity	Date	
12 Principal	l occupation	on / Job title (See Instruct	ions)		13 Employer (See In:	structions)				
14 Descripti		ateral			15 Check if personal	funds were	deposited		account structions)	
16 GUARAN		17 Name of guarantor						19 Amount	Guaranteed	(\$)
not a	applicable	18 Guarantor address;	City;	State;	Zip Code					
20 Principal	l occupation	on			21 Employer (See In:	structions)				

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)

Credit Card Payment	The Instruction Guide ex	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 8/10	Austin Firefighters Public Safety	Fund	00070365
4 Date	5 Payee name		
09/18/2024	Goss , Delwin		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$9,800.00	6410 Ponca Street		
Expenditure from			
corporate funds	Austin, TX 78741		
8 PURPOSE OF	(a) Category (See Categories listed at the top o		
EXPENDITURE		1 <u>–</u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			oor to install and takedown political signs
			k Watson and Mackenzie Kelley.
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Watson, Kirk	Mayor - City of Austin Pla	ace Mayor - City of Austin Place
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top o	of this schedule) (b) Description	
OF EXPENDITURE			el outside of Texas. Complete Schedule T.
		Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Austin City Council Memb	
Date	Payee name		
09/18/2024	Goss , Delwin		
Amount (\$)	Payee address; City;	State; Zip Code	
\$1,750.00	6410 Ponca Street	State, 2.p Code	
+=,	5 .25 . 55a 555		
Expenditure from corporate funds	Austin, TX 78741		
PURPOSE	(a) Category (See Categories listed at the top o	of this schedule) (b) Description	
OF EXPENDITURE			el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense por to install and takedown political signs
		for Vanessa	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Austin City Council Memb	
		,	,

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

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

Credit Card Payment	The Instruction Guid	e explains how to complete th	nis form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Fi	ler ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 9/10	Austin Firefighters Public Safe	ety Fund	00	0070365	
4 Date	5 Payee name				
09/18/2024	Goss , Delwin				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$1,750.00	6410 Ponca Street				
Expenditure from corporate funds	Austin, TX 78741				
8 PURPOSE OF	(a) Category (See Categories listed at the		scription	.	
EXPENDITURE			Check if travel outside on Check if Austin, TX, offi		
					akedown political signs
		for	Chito Vela		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/OI	Tela, Jose "Chito"	Austin City Cour	ncil Member	Austin C	City Council Member
Date	Payee name				
09/19/2024	Worley Printing				
Amount (\$)	Payee address; City;	State; Zip Code			
\$5,375.82	3217 N Interstate 35				
Expenditure from	Frontage Road				
corporate funds	Austin, TX 78722				
PURPOSE OF	(a) Category (See Categories listed at the	·	scription	of Towas Comm	slata Cabadula T
EXPENDITURE			Check if travel outside on Check if Austin, TX, offi		
				signs for I	Kirk Watson and
		Ma	cKenzie Kelly		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/OI	[¬] Watson, Kirk	Mayor - City of A	ustin Place	Mayor -	City of Austin Place
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from					
corporate funds		<u> </u>			
PURPOSE OF	(a) Category (See Categories listed at the	· · · · · · · · · · · · · · · · · · ·	scription Check if travel outside o	of Toyas Comr	oloto Schodulo T
EXPENDITURE			Check if Austin, TX, offi		
		-			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office he	
experiorare to benefit C/OI	¹ Kelly, Mackenzie	Austin City Cour	ncil Member	Austin C	City Council Member

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

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)

Credit Card Payment	The Instruction Guide e	explains how to cor	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	-	3	Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 10/10	Austin Firefighters Public Safety	/ Fund		00070365
4 Date	5 Payee name			
09/19/2024	Worley Printing			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
\$2,584.34	3217 N Interstate 35			
	Frontage Road			
Expenditure from corporate funds	Austin, TX 78722			
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
OF EXPENDITURE			ш	ide of Texas. Complete Schedule T.
			—	, officeholder living expense Ditical signs for COA Vanessa
			Fuentes and Ch	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	•	Office held
experience to serious eye	H Vela , Jose "Chito"	Austin Cit	y Council Member	Austin City Council Member
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Co	de	
Expenditure from				
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ide of Taylor Complete Cabadyla T
EXPENDITURE			—	ide of Texas. Complete Schedule T. , officeholder living expense
			Ш	,
Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office held
expenditure to benefit C/O			y Council Member	Austin City Council Member
	T donico, vanocca	7.000117-011		, tacim city countries member