#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088887 3 COMMITTEE NAME **OFFICE USE ONLY** A Safer Irving Date Received **ELECTRONICALLY FILED** 10/04/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 171057 Date Hand-delivered or Date Postmarked Change of Address Irving, TX 75017 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Daniel NAME NICKNAME LAST **SUFFIX** Rozier STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 171057 STREET **ADDRESS** (Residence or Business) Irving, TX 75017 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 171057 MAILING **ADDRESS** Irving, TX 75017 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 979-8494 PHONE REPORT X 30th day before election January 15 Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 09/26/2024 08/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special **GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)
A Safer Irving			00088887		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
	Onicendidei	OFFICE 3000m (candidate) / OFFICE FILE	D (officeriolder)		
X SUPPORT		BALLOT IDENTIFICATION / #	EI ECTI	ON DATE	
(Candidate or Measure)		Prop A	Month	Day	Year
OPPOSE (Candidate or Measure)			11/05/2	•	1001
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		Adoption of TLGC 174 for Irving Firefight	ters.		
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAISES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$75,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$74,418.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$681.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT	I	I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
		Mr. Dar	niel Rozier		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, t	his the		day
of	_, 20, to certify which	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administe	ring oath

### **SUBTOTALS - SPAC**

# FORM SPAC COVER SHEET PG 3

				3 of 9
	MITTE afer Irv	EE NAME ving	<b>18</b> Filer ID 00088887	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	<b>\$</b> 75,100.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
7.		SCHEDULE E: LOANS		\$
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 74,418.67
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C1

	The Instruc	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 4/9
2	FILER NAME A Safer Irving	9	3	Filer ID (Ethics Commission Filers) 00088887
4	Date 08/23/2024	<ul> <li>5 Corporation / Labor Organization name         Irving Professional Fire Fighters Association     </li> <li>6 Corporation / Labor Organization address; City; State; Zip Code</li> <li>Irving , TX 75060</li> </ul>	7	Amount of contribution (\$) \$25,000.00
	Date 09/17/2024	Corporation / Labor Organization name Irving Professional Fire Fighters Association  Corporation / Labor Organization address; City; State; Zip Code  Irving , TX 75060		Amount of contribution (\$) \$100.00
	Date 09/23/2024	Corporation / Labor Organization name Irving Professional Fire Fighters Association  Corporation / Labor Organization address; City; State; Zip Code  Irving , TX 75060		Amount of contribution (\$) \$50,000.00

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 5/9	A Safer Irving 00088887
4	Date	5 Payee name
	09/11/2024	Academy Sports & Outdoors
6	Amount (\$) \$108.23	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	<u> </u>
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign supplies  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	09/15/2024	Academy Sports & Outdoors
	Amount (\$) \$162.34	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/27/2024	Payee name EST Promo
	Amount (\$) \$4,208.22	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign shirts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	Equipment & Related Expense
_		_		The Instruction Gu	ilue expiailis i	iow to con	ipiete tilis ioriii.	_		
1	Total pages Schedule F1: Sch: 2/5 Rpt: 6/9	2	A Safer Irvir					3	Filer ID 00088887	(Ethics Commission Filers)
4	Date	5	Payee name					<u> </u>		
	09/23/2024		EST Promo	ı						
6	Amount (\$) \$2,051.34	7	Payee addres	ss; City;	State;	Zip Cod	e			
Ļ		<u> </u>				1.				
8	PURPOSE OF EXPENDITURE	(a)	Category (Se Advertising	ee Categories listed at th	ne top of this sche	edule)		n, TX,	ide of Texas. Com , officeholder living	•
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	0	Office soug	ht		Office he	eld
	Date		Payee name							
	09/12/2024		Edwards &	Patterson Signs						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	e			
	\$2,582.30		203 S. Beltl Irving , TX 7							
	PURPOSE	(a)				17	<b>b)</b> Description			
	OF EXPENDITURE	(a)	Advertising	ee Categories listed at th	ne top of this sche	edule)	Check if travel		ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	Office soug	ht		Office he	eld
	Date		Payee name							
	09/01/2024		Home Depo	ot						
	Amount (\$) \$168.09		Payee addres	ss; City;	State;	Zip Cod	e			
			TX							
	PURPOSE OF EXPENDITURE	(a)	Category (Se Advertising	ee Categories listed at th Expense	ne top of this sche	edule)	<u> </u>	n, TX,	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	Office soug	ht		Office he	eld
	rms provided by Tayas F	≜la:	on Committee		www athics s					Version V/4 1 0 48da51f7

### 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

	Credit Card Payment	The Instruction Guide explains how	v to com	plete this form.	,	,
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 3/5 Rpt: 7/9	A Safer Irving			00088887	
4	Date	5 Payee name			ı	
	09/11/2024	Home Depot				
6	Amount (\$)	7 Payee address; City; State; Z	Zip Code			
	\$92.81		p			
		TX				
8	PURPOSE		10	2) Description		
ľ	OF	(a) Category (See Categories listed at the top of this schedul Advertising Expense	le)	<ul><li>Description</li><li>Check if trave</li></ul>	el outside of Texas. Con	nplete Schedule T.
l	EXPENDITURE	Advertising Expense			in, TX, officeholder livin	
l				Sign materia	als	
L						
9	Complete ONLY if direct expenditure to benefit C/O		ce sougl	nt	Office h	eld
L	experiordine to benefit C/O	1				
	Date	Payee name				
l	09/11/2024	Home Depot				
	Amount (\$)	Payee address; City; State; Z	Zip Cod	е		
	\$302.23					
l						
l		TX				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedul	le) (I	Description		
l	OF EXPENDITURE	Advertising Expense			el outside of Texas. Con	
l				Check if Austi	in, TX, officeholder livin	g expense
l				Sign materia	ais	
⊢	Complete ONLY if direct	Candidate/Officeholder name Offic	ce sougl	nt	Office h	old
	expenditure to benefit C/O		Je sougi	ıı	Office II	eiu
⊨	Data	Pour come				
	Date 09/15/2024	Payee name Home Depot				
┡			Zin Ond	_		
l	Amount (\$) \$377.79	Payee address; City; State; Z	ip Cod	e		
	φ311.19					
l		TV				
ldash		TX				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	le) (I	Description  Check if trave	el outside of Texas. Con	nnlete Schedule T
l	EXPENDITURE	Advertising Expense			in, TX, officeholder livin	•
				Sign materia		
	Complete ONLY if direct		ce sougl	nt	Office h	eld
	expenditure to benefit C/Ol	1				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 8/9	A Safer Irving		00088887
4	Date	5 Payee name		·
	09/15/2024	Home Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$19.37			
		TX		
8	PURPOSE OF	, -	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Sign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/06/2024	Kustom Kwick Print		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$81.19	212 W. Irving Blvd		
		-		
		Irving , TX 75060		
	PURPOSE	-	(b)	Description
	OF	Printing Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	<u> </u>		Check if Austin, TX, officeholder living expense
				Push Cards
	Opening the ONLY if allowed	Open list to 10 ff and all the record	14	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
	Date	Payee name		
	09/12/2024	Kustom Kwick Print		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$725.28	212 W. Irving Blvd		
		Irving , TX 75060		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Flyer printing.
				) - L
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		<b>J</b>	
_				

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 9/9	A Safer Irving 00088887
4	Date	5 Payee name
	09/08/2024	SignUpGenius
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.99	
		тх
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Volunteer coordination
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name  Charana Mika (Mr.)
	09/12/2024	Stevens, Mike (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,782.50	6923 Indiana Ave
		Box 292
		Lubbock, TX 79413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┨
	Date	Payee name
	09/23/2024	Stevens, Mike (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$51,726.99	6923 Indiana Ave
		Box 292
		Lubbock, TX 79413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mailer and printing expenses.
L	0 1. 2	
ı		Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	expenditure to benefit C/OI	