MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

т	ne MPAC Instruction (Guide explains how to complete this forr	n. 1	Filer ID (Ethics Commission File 00070365	ers)		2 Total pages filed:7
3	COMMITTEE NAME		OFFICE USE ONLY				
	Austin Firefighters	Public Safety Fund					
			Date Received ELECTRONICALLY FILED 10/31/2024				
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	С	ITY; STATE;	ZIP		
	ADDRESS	7537 Cameron Rd.					
	Change of Address	Austin, TX 78752					Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS/MRS/MR FIRST			Ν	41	Date Hand-delivered of Date Postmarked
ľ	TREASURER				, in the second s		Receipt # Amount
	NAME	Mr. Grego	ry				receipt " renound
							Date Processed
		NICKNAME LAST			S	UFFIX	Date Hotessed
		Роре					Date Imaged
		горе					Date inaged
-	CAMPAICN		E)·		CITV	<u>ст</u> ,	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E);	APT / SUITE #;	CITY;	517	ATE; ZIP CODE
	STREET	7537 Cameron Rd.					
	ADDRESS (Residence or Business)						
	(Residence of Business)	Austin, TX 78752					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY;	ST	ATE; ZIP CODE
Ľ	TREASURER	7537 Cameron Rd.		/ /	0,	0.7	,
	MAILING	7557 Cameron Nu.					
	ADDRESS						
	Change of Address	Austin, TX 78752					
8	CAMPAIGN	AREA CODE PHONE NUMBE	र	EXTE	NSION		
	TREASURER PHONE	(512) 441-7572					
	THOME	(012) 441 7072					
9	REPORT TYPE			10th day after c	ampaign	L	
		X Monthly		treasurer termin		L	Dissolution (Attach PAC-DR)
10) MONTHLY						
<u> </u>	REPORT FILING	January 5	pril 5		July 5		October 5
	DEADLINE	February 5	lay 5		August 5		X November 5
			lay 5	L	August 5		
		March 5	une 5		Septembe	er 5	December 5
		Marstle Davis Marst				4 4 l-	Dev. Marg
₁₁	L PERIOD COVERED	Month Day Year	TH	ROUGH		Nonth	Day Year
		09/26/2024			1	.0/25/2	2024
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I		C		PAGE 2			
Fo	rms provided by Tex	kas Ethics Commission www	/ ethi	cs.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)				
Austin Firefighters Publi	00070365)						
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.)	Mackenzie Kelly Austin City Co	ouncil - Distr	ict 6				
15 CONTRIBUTION TOTALS								
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00				
EXPENDITURE TOTALS								
	\$	40,000.00						
CONTRIBUTION BALANCE	DAY \$	11,608.63						
OUTSTANDING LOAN TOTALS	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.								
		Mr. Greç	jory Pope					
		Signature of Car		urer				
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed	nis the	day						
		which, witness my hand and seal of office.		>				
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath				
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

			Page 3 of 7
12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Austin Firefighters Public S	Safety Fund		00070365
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Duncil - District 10
(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 (Identify by name or, if applicable, classify by party.)		

FORM MPAC COVER SHEET PG 3

4 of 7

17 COMMITTEE NAME 18 Filer I	· · · · · · · · · · · · · · · · · · ·
Austin Firefighters Public Safety Fund 0007	/0365
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATIO	SN \$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZ	ATION \$
9. X SCHEDULE E: LOANS	\$ 0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 40,000.00
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	^{ED} \$

SUBTOTALS - MPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/7 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		SCHED	
The Instruction Guide explains how to complete this form.	ages Schedule E: /1 Rpt: 6/7		
2 FILER NAME Austin Firefighters Public Safety Fund) (Ethics Commissio 365	on Filers)	
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 9 Loan Amount (S	\$)
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?		10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instruction)	าร)		
14 Description of Collateral 15 Check if personal funds v None	vere deposite	ed into political accour (See Instructior	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarar	nteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instruction	าร)		

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/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		oense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
-	Sch: 1/1 Rpt: 7/7 Austin Firefighters Public Safety Fund						Ū	00070365			
4	Date	5	Payee name								
	10/18/2024		2	tographers LLC							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$40,000.00		703 Pier Ave	enue							
			Suite B373								
Г	Expenditure from			ach CA 00254							
	corporate funds		Heimusa be	each, CA 90254							
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this sche	edule)	(b) Description				
	OF EXPENDITURE			s/Donations Made					de of Texas. Com		
			Candidate/C	Officeholder/Politic	al Comm	ittee			officeholder living		
										Duchen and Kelly	
							Campaigns fo	or C	City of Austir	1	
9	Complete ONLY if direct	. (Candidate/Offic	ceholder name	C	Office sou	ght		Office he	eld	
	expenditure to benefit C/OI	H (Duchen, Mar	2			ty Council Place A	Aus	tin None		
		_									
	Date		Payee name								
			(see previou	IS)							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	Expenditure from										
	corporate funds										
	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this sche	edule)	(b) Description				
OF EXPENDITURE						Check if trave			el outside of Texas. Complete Schedule T.		
									stin, TX, officeholder living expense		
	Complete ONLY if direct	. (Candidate/Offic	ceholder name	C	Office sou	ght		Office he	eld	
	expenditure to benefit C/OI	н	Kelly, Macker	nzie			•	Aus	tin Austin (City Council Place	