#### 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** 12/30/2024 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 X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin Firefighters Po	ublic Safety Fund		00070365	5
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Siegel Austin City Counc	il - District 7	
(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		
	3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	26,459.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	961.75
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me
		Mr. Gred	jory Pope	
		Signature of Car		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	nis 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 offi	cer administering oath
Signature of officer	administering ball	Thinked harne of onless authinistering batti	THE OF UIT	oor auministening vatii

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

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17 COMMITTEE NAME 18 Filer ID					ission Filers)
Aus	stin Fir	efighters Public Safety Fund	00070365		
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					AL AMOUNT
1.	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 LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	22,000.00
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9.	9. X SCHEDULE E: LOANS			\$	0.00
10.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	26,459.92
11.	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00	
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$				
15.	15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

PLE	DGED CONTRIBUT	TONS			SCHEDULE B	
The Instruction Guide explains how to complete this form.				1	Total pages Schedule B: Sch: 1/1 Rpt: 4/9	
2 FILER NAME					Filer ID (Ethics Commission Filers)	
<u></u>	irefighters Public Safety Fund	-0		+	00070365 \$ 0.00	
	OF UNITEMIZED PLEDGI			_		
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#:		8	3 Amount of pledge (\$) 9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code				
				][	Check if travel outside of Texas. Complete Schedu	
10 Principal	occupation / Job title (See Instruc	tions)	11 Employer (See Inst	ructi	ions)	

## MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

-						
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C3: Sch: 1/1 Rpt: 5/9		
2	2 FILER NAME			Filer ID	(Ethics Commission Filers)	
	Austin Firefighters Public Safety Fund			00070365		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	11/27/2024	Austin Firefighters Association			20,000.00	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	12/02/2024	Austin Firefighters Association			2,000.00	

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains ho	w to complete this f	orm.		ages Schedule E: /1 Rpt: 6/9	
2	2 FILER NAME Austin Firefighters Public Safety Fund				3 Filer ID (Ethics Commission Filers) 00070365		
4	TOTAL OF UN	NITEMIZED LOANS				\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupati	on / Job title (See Instruction	ns)	13 Employer (See Instru	uctions)		
14	Description of Col	lateral		15 Check if personal fu	nds were deposite	ed into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20	Principal occupati	on		21 Employer (See Instri	uctions)		

### 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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 7/9	Austin Firefighters Public Safety Fund 00070365
4 Date	5 Payee name
11/26/2024	Austin SignCo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,213.67	9012 Research Blvd
- Evanditure from	Suite C9
Expenditure from corporate funds	Austin, TX 78758
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Printing of large political signs for Mike Siegel
	campaign for Austin City Council - D7
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/03/2024	Goss , Delwin
Amount (\$)	Payee address; City; State; Zip Code
\$1,750.00	6410 Ponca Street
<b>4</b> 2,100.00	0.120 1.0.100 0.1001
Expenditure from corporate funds	Austin, TX 78741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Contract labor to install and takedown political signs
	for Mike Siegel campaign for COA - D7
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Siegel, Mike Austin City Council Place Austin None
Date	Payee name
12/11/2024	Meta
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 Hacker Way
Ψ±,000.00	_ · · · · · · · · · · · · · · · · · · ·
Expenditure from corporate funds	Menlo Park, CA 94025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Social Meda for Mike Sigel campaign for Austin City
	Council D7
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	·

### 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 Layment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 8/9	Austin Firefighters Public Safety Fund	00070365
4 Date	5 Payee name	
12/13/2024	Meta	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$630.49	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Social Media for Mike Siegel campaign for Austin
		City Council D7
9 Complete ONLY if direct	Candidate/Officeholder name Office so	pught Office held
expenditure to benefit C/OI	H Siegel, Mike Austin (	City Council Place Austin None
Date	Payee name	
12/16/2024	Meta	
Amount (\$)	Payee address; City; State; Zip (	Code
\$2,369.27	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
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	, in the second	Check if Austin, TX, officeholder living expense
		Social Meda for Mike Sigel campaign for Austin City Council D7
Complete ONII V if direct	Candidate/Officeholder name Office so	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		City Council Place Austin None
<u> </u>		Sity Council Flace Additi 140116
Date	Payee name	
12/04/2024	NEP Services	
Amount (\$)	Payee address; City; State; Zip (	Code
\$500.00	3723 Birch St	
Expenditure from	Suite 10	
corporate funds	Newport Beach, CA 92660	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Social Media for Mike Sigel campaign for Austin City
		Council D7
Complete ONLY if direct	Candidate/Officeholder name Office so	š
expenditure to benefit C/OI	H Siegel, Mike Austin (	City Council Place Austin None

### 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 explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/3 Rpt: 9/9	Austin Firefighters Public Safety Fund	00070365			
4 Date	5 Payee name				
12/04/2024	Point Blank Political				
6 Amount (\$)	7 Payee address; City; State; Zip C	rode			
\$93.00	PO Box 26				
Expenditure from corporate funds	Umatilla, FL 32784				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Social Media for Mike Siegel campaign for Austin			
		City Council D7			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held			
expenditure to benefit C/OI		City Council Place Austin None			
	Ologof, Milke Additive	Total Tide / Ideal Tide			
Date	Payee name				
12/16/2024	Point Blank Political				
Amount (\$)	Payee address; City; State; Zip C	rode			
\$903.49	PO Box 26				
Expenditure from corporate funds	Umatilla, FL 32784				
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	, tarters and	Check if Austin, TX, officeholder living expense			
		Social Media for Mike Siegel campaign for Austin			
		City Council D7			
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held			
expenditure to benefit C/OI	H Siegel, Mike Austin City Council Place Austin None				
Date	Payee name				
12/03/2024	Stackadapt Inc.				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$16,000.00	100 University Avenue	oue			
Ψ±0,000.00	•				
Expenditure from	Floor 5				
corporate funds	Toronto Ontario M5A1J6 Canada				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Social Media for Mike Siegel campaign for Austin City Council D7			
2 1: 2411.476.15	- "1.10" 111				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so				
experience to benefit 5.5.	1 Siegel, Mike Austin C	City Council Place Austin None			