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** 03/04/2025 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 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			•		
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Austin Firefighters Publi	ic Safety Fund			00070365	
4 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			
	2. Measures	A. Supported			
	(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.)				
	1			-	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUT OR GUARANTEES OF LC ADE ELECTRONICALLY) qualifies for the higher itemiza	ANS, OR	\$	0.00
	2. TOTAL POLITICA	·		\$	0.00
	(OTHER THAN PLEI	OGES, LOANS, OR GUAR	ANTEES OF LOANS)	ľ	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS			\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	945.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT	I			<u> </u>	
		true and cor	uffirm, under penalty of pe rect and includes all inforn .5, Election Code.	rjury, that the a mation required	accompanying report is If to be reported by me
			Mr. Greç	ory Pope	
			Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefore me, by the said		th	nie the	day
		vhich, witness my hand an			uay
	-				
Signature of officer add	ministering oath	Printed name of officer ad	ministering oath	Title of office	eer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

					3 of 6	
17 CO	ММІТТІ	(Ethics Commis	ssion Filers)			
Au	Austin Firefighters Public Safety Fund 00070365					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	0.00	
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00	
3.	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
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			\$	0.00	
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. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$				16.00	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						
				1		

PLE	DGED CONTRIBUT	TONS			SCHEDULE I	В		
The Instruction Guide explains how to complete this form. 2 FILER NAME				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6			
				3	Filer ID (Ethics Commission Filers)			
	irefighters Public Safety Fund			\perp	00070365			
4 TOTAL	OF UNITEMIZED PLEDGE	ES			\$	0.00		
5 Date 6 Full name of pledgor out-of-state PAC (ID#:			8	Amount of 9 In-kind description pledge (\$) (If applicable)				
	7 Pledgor Address;	City; State; Zip Code						
][Check if travel outside of Texas. Complete Sche	dule T		
10 Principal	occupation / Job title (See Instruct	tions)	11 Employer (See Instru	ucti	ions)			

	LOANS					SCH	EDULE E	
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 5/6			
2	FILER NAME Austin Firefighters Public Safety Fund				3 Filer ID (Ethics Commission Filers) 00070365			
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amour	nt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
						11 Maturity Dat	e	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	•		
14	Description of Coll None	ateral		15 Check if personal funds	were deposit	ed into political acc (See Instruc		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Gua	aranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instructi	ons)	-		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I						
	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule I: Sch: 1/1 Rpt: 6/64 Date	2 FILER NAME Austin Firefighters Public Safety Fund 3 Filer ID (Ethics Commission Filers) 00070365 5 Payee name					
02/03/2025	Bank of America					
6 Amount (\$) 16.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 701 E. Stassney Lane Building F Austin, TX 78745					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Business Fee				