

Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 10	
	LAST; SUFFIX Austin Firefighters Public Safety Fund	ACCOUNT # 00090451	
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road	OFFICE USE ONLY	
	Austin, TX 78752	Date Received ELECTRONICALLY FILED 10/17/2022	
	<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed	
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX Gregory Pope	Date Imaged	
5 COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Longspur Drive Buda, TX 78610		
6 MEMO			

Expenditure

FORM ATX1EXPEND

1 FILER NAME Austin Firefighters Public Safety Fund		2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 1/7 Rpt: 2/10
4 MEMO			
5 PAYEE NAME	LAST FIRST MI Stackadapt Inc.		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 100 University Avenue Floor 5 Toronto Ontario M5J1V6 Canada		
7 EXPENDITURE DETAILS	(a) Category Advertising Expense	(b) Description	
	(c) Date 10/14/2022	(d) Amount (\$) \$85,000.00	
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Watson Kirk	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought Mayor	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Austin Firefighters Public Safety Fund		2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 2/7 Rpt: 3/10
4 MEMO			
5 PAYEE NAME	LAST FIRST MI (see previous)		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code		
7 EXPENDITURE DETAILS	(a) Category	(b) Description	
	(c) Date	(d) Amount (\$)	
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Craig Ken	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought Council Member, District 5	(d) Office held	

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Austin Firefighters Public Safety Fund	2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 3/7 Rpt: 4/10
4 MEMO		
5 PAYEE NAME	LAST FIRST MI (see previous)	
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code	
7 EXPENDITURE DETAILS	(a) Category	(b) Description
	(c) Date	(d) Amount (\$)
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Harper- Natasha	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought Council Member, District 1	(d) Office held Council Member, District 1

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Austin Firefighters Public Safety Fund	2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 4/7 Rpt: 5/10
4 MEMO		
5 PAYEE NAME	LAST FIRST MI (see previous)	
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code	
7 EXPENDITURE DETAILS	(a) Category	(b) Description
	(c) Date	(d) Amount (\$)
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Ellis Paige	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought Council Member, District 8	(d) Office held Council Member, District 8

Expenditure

FORM **ATX1EXPEND**

1 FILER NAME Austin Firefighters Public Safety Fund	2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 5/7 Rpt: 6/10
4 MEMO		
5 PAYEE NAME	LAST FIRST MI (see previous)	
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code	
7 EXPENDITURE DETAILS	(a) Category	(b) Description
	(c) Date	(d) Amount (\$)
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Velasquez Jose	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)
	(c) Office sought Council Member, District 3	(d) Office held

Expenditure

FORM ATX1EXPEND

1 FILER NAME Austin Firefighters Public Safety Fund		2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 6/7 Rpt: 7/10
4 MEMO			
5 PAYEE NAME	LAST FIRST MI Goss, Delwin		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code 6410 Ponca Street Austin, TX 78741		
7 EXPENDITURE DETAILS	(a) Category Salaries/Wages/Contract Labor	(b) Description	
	(c) Date 10/14/2022	(d) Amount (\$) \$1,320.00	
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Craig Ken	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought Council Member, District 5	(d) Office held	

Expenditure

FORM ATX1EXPEND

1 FILER NAME Austin Firefighters Public Safety Fund		2 FILER ID 00090451	3 Total pages Schedule ATX1EXPEND: Sch: 7/7 Rpt: 8/10
4 MEMO			
5 PAYEE NAME	LAST FIRST MI (see previous)		
6 PAYEE ADDRESS	Payee address; apartment/suit#; City; State; Zip Code		
7 EXPENDITURE DETAILS	(a) Category	(b) Description	
	(c) Date	(d) Amount (\$)	
8 Complete <u>ONLY</u> if candidate or ballot measure supported/opposed	(a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Velasquez Jose	(b) Ballot measure supported/opposed (CHECK IF BALLOT MEASURE)	
	(c) Office sought Council Member, District 3	(d) Office held	

Contribution

FORM **ATX1CONTRIB**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule ATX1: Sch: 1/1 Rpt: 9/10
2 FILER NAME Austin Firefighters Public Safety Fund		3 Filer ID (Ethics Commission Filers) 00090451
4 MEMO		
5 Date 10/13/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Firefighters Association	8 Amount of Contribution (\$) \$90,000.00
	7 Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)

Report of Direct Campaign Expenditures:

ATX.1

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

I swear or affirm under penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear or affirm under penalty of perjury that this Report of Direct Campaign Expenditures is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code Section 2-2-32.

Austin Firefighters Public Safety Fund

Signature of Filer