

AUSTIN CITY CLERK RECEIVED

2016 JUN 27 PM 3 12

1 Total pages filed:	8	2 Filer Name	Premal Amin		•				
3		Committee Name	 2					·	
COMMITTEE NAME		Austin Firefighter	rs PAC						
4 COMMITTEE ADDRESS	i	Address/ PO Box 7537 Cameron Road City Austin				Apartment or Suite Number State Zip Code TX 78752			
5 COMMITTEE TREA NAME	SURER	Title Mr. Nickname	First Name Joshua Las	st Name			Mid	dle Initial	uffix
COMMITTEE TREA ADDRESS AND PHONE	SURER	Address/ PO Box 21432 Noack HI City Spicewood Phone Number (4			Extension, if a	Apartment or State TX oplicable		Number Zip Code 78669	
7 REPORTING PER	NOD	Start Date (yyyyn 20160526	nmdd)		THROUGH	End Date 2016062		mmdd)	

1 Total pages filed:	2 Filer Name Transl Jania
REPORTS ATTACHED	ATX.7A - Pre-Election Report of Contributions
Check box for each form attached	■ ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the preceding Special Pre-Election Report filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-29 for the reporting period indicated.

Signature of Affiant

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

CONTRIBUTOR NAME Contributor is an individual	Organization Name, or Contributor Last Name (if applicable)	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box Contributor City Contributor Employer	Contributor Apartment or Suite Number Contributor State Contributor Zip Code Contributor Occupation
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd) In-Kind Contribution Description, if applicable	(\$) Contribution Amount

Add Another Contribution Page

1							
PAYEE							
NAME	Busin	ess Name, or Payee Last Name, if applicable					
Payee is an individual	Austir	nites for Don Zimmerman					
2	Payee	Address/ PO Box		Payee Apartment	or S	Suite Number	
PAYEE	13492	2 Research Blvd.		#120-41 Payee State Payee Zip Code			
ADDRESS	Payee	e City					
	Austir	1		тх		78750	
3	Categ	ory		(\$) Expenditure A	mo	unt ·	
EXPENDITURE	Contr	ibutions/Donations Made by Filer/PAC		\$350.00 Expenditure Date (yyyymmdd)			
DETAILS	Descr	iption (If Category is "Other")					
				20160624			
4 Identify each candidate or ballo	ot mea	sure supported or opposed by the abov	e expenditure	e, if applicable.			
Candidate Last Name or Ballot Mea	asure	Candidate First Name (if applicable)		ice Sought applicable)		Office Held (if applicable)	
Zimmerman		Don	City Council P		Cit	y Council	
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PAYEE						
NAME	Busine	ess Name, or Payee Last Name, if applicabl	e			
Payee is an individual	Leslie	Paol for Austin				
2	Payee	Address/ PO Box		Payee Apartmen	t or Suite Number	
PAYEE	1101 \	West 34th Street		507		
ADDRESS	Payee	City		Payee State	Payee Zip Code	
	Austin)		тх	78705	
3	Catego	ory		(\$) Expenditure	Amount	
EXPENDITURE	Contri	ibutions/Donations Made by Filer/PAC		\$350.00		
DETAILS	Descri	iption (If Category is "Other")		Expenditure Date	e (yyyymmdd)	
				20160624		
4 Identify each candidate or ball	ot meas	sure supported or opposed by the abo	ve expenditure	e, if applicable.		
Candidate Last Name or Ballot Me Supported/Opposed	asure	Candidate First Name (if applicable)		ice Sought pplicable)	Office Held (if applicable)	
Pool		Leslie	City Council	phicagie	City Council	
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			-			

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1	PAYEE						•
	NAME	Busin	ess Name, or Payee Last Name, if applicable				
	Payee is an individual	Delia	Garza Campaign				
2 PAYEE		l	Address/ PO Box		Payee Apartment or Suite Number		
		PO BO	DX 111				
	ADDRESS	Payee			Payee State	Payee Zip Code	1
		Austir	1		TX	78767	
3		Categ	ory		(\$) Expenditure A	mount	•
	EXPENDITURE	Contr	ibutions/Donations Made by Filer/PAC		\$350.00		ĺ
	DETAILS	Descr	iption (If Category is "Other")		Expenditure Date ((yyyymmdd)	
					20160624		
4 Id entif	y each candidate or ball	ot mea	sure supported or opposed by the above	e expenditure	, if applicable.		_
Candid	ate Last Name or Ballot Me Supported/Opposed	asure	Candidate First Name (if applicable)		ce Sought oplicable)	Office Held (if applicable)	
Garza	copp and apparen		Delia	City Council		City Council	_
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PAYEE NAME	Busin	ess Name, or Payee Last Name, if applicable			
Payee is an individual	Sheri	Gallo Campaign			
PAYEE ADDRESS		Address/ PO Box OX 26801 City		Payee Apartment or Suite Number Payee State Payee Zip Code	
	Austir	1	;	тх	78755
3 EXPENDITURE DETAILS		ory ibutions/Donations Made by Filer/PAC iption (If Category is "Other")			
4 Identify each candidate or ballo	ot mea	sure supported or opposed by the above	e expenditure	, if applicable.	
Candidate Last Name or Ballot Mea Supported/Opposed	asure	Candidate First Name (if applicable)	Office Sought (if applicable)		Office Held (if applicable)
Gallo		Sheri	City Council		City Council
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1 PAYEE						
NAME	Busin	ess Name, or Payee Last Name, if applicab	ole			
Payee is an individual	Greg	Casar Campaign				
2	Payee	e Address/ PO Box	Payee Apartment or Suite Number			
PAYEE	РО ВС	DX 2391		Payee State Payee Zip Code		
ADDRESS	Рауес	e City				
	Austic	1		TX	78768	
3	Categ	ory		(\$) Expenditure A	mount ·	
EXPENDITURE	Contr	ibutions/Donations Made by Filer/PAC		\$350.00		
DETAILS	Descr	iption (If Category is "Other")		Expenditure Date	(yyyymmdd)	
				20160624		
4 Identify each candidate or ba	llot mea	sure supported or opposed by the abo	ove expenditure	e, if applicable.		
Candidate Last Name or Ballot N Supported/Opposed	1easure	Candidate First Name (if applicable)		ice Sought applicable)	Office Held (if applicable)	
Casar		Greg	City Council	эррисаоте)	City Council	
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