OCC RECEIVED AT DEC 5'18 PM3:36

			OFAC TOLUDICA
1	Committee or Organization Name*		
INDIVIDUAL	Austin Firefighters Public Safety Fund		
OR			
ORGANIZATION			
NAME			
Filer is an individual			
2	Address/ PO Box*	Apartment or Sui	te Number
INDIVIDUAL OR	7537 Cameron Road		
ORGANIZATION	City*	State*	Zip Code*
ADDRESS	Austin	Тх	78752
			J []
3	Title First Name	M	iddle Initial
COMMITTEE TREASURER	Gregory		
NAME Last Name S		Suffix	
(if applicable)	Pope		,
4	Address/ PO Box	Apartment or Suit	te Number
COMMITTEE TREASURER	162 Paintbrush Trail		
ADDRESS	City	State	Zip Code
(if applicable)	Lockhart	Тх	78644
5			<u> </u>
REPORT DATE	Date Filed (yyyymmdd)*		
	20181205		
	I .		

^{*} Indicates a required field



Dagga 5 2010

6 AFFIDAVIT

I swear or affirm upon 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 that this Report of Direct Campaign Expenditures 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 2-2-32.

DATE: OCOSPISO	-3 618	
Lusting (TIMOTHY OLSO
AFFIANT'S	SIGNATURE	PRINT NAME
STATE OF TEXAS		
COUNTY OF TRAVIS		
This instrument was	acknowledged, sworn to and si	ubscribed before me by
On the	day of DEC	, $\frac{2018}{}$, to certify which witness my hand and official seal.
M.	Salli	MICHAEL SULLIVAN
Notary Public in and	for the State of Texas	Notary Public, State of Texas Typed of Frinted Nathle of Notary 220 Notary ID 4034253



Expenditure

Itemize each direct campaign expenditure in Sections 1-4. For additional expenditures, click "Add Another Expenditure Page" below.

1					
	PAYEE				
	NAME	Organization Name or Payee Last Name, as applicable*			
l	Payee is an individual	Guardian Public Strategies			
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number	
	PAYEE	815-A Brazos Street	304		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
		Austin	тх	78701	
3		Category*	(\$) Expenditure A	mount*	
	EXPENDITURE	Printing Expense	\$30,381.82		
	DETAILS	Description (If Category is "Other")	Expenditure Date	k	
			20181204		

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ward	Frank	City Council - District 8	



Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

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

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor City* Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Arighiar Contribution Page