OCC RECEIVED AT DEC 11'18 AM11:30

| | · | | |
|------------------------|--|--|--------------|
| 1 | Committee or Organization Name* | | |
| INDIVIDUAL | Austin Firefighters Public Safety Fund | | |
| OR | | | |
| ORGANIZATION | 4. | | |
| NAME | | | |
| Filer is an Individual | ; | | |
| | | | |
| | | | |
| | | | |
| 2 | Address/ PO Box* | Apartment or Suit | e Number |
| INDIVIDUAL OR | 7537 Cameron Road | | |
| ORGANIZATION | City* | State* | Zip Code* |
| ADDRESS | Austin | Tx | 78752 |
| 3 | | · · · · · · · · · · · · · · · · · · · | |
| COMMITTEE TREASURER | Title First Name | Mi | ddle Initial |
| NAME | Gregory | | |
| (if applicable) | Last Name | Suffix | |
| (ii applicable) | Pope | | |
| 4 | Address/ PO Box | Apartment or Suit | e Number |
| COMMITTEE TREASURER | 162 Paintbrush Trail | The state of the s | C WATER CO. |
| ADDRESS | City | J L State | Zin Codo |
| (if applicable) | Lockhart | 1 | Zip Code |
| | LOCKITATE | TX | 78644 |
| 5 | Date Filed (yyyymmdd)* | | |
| REPORT DATE | 20181211 | | |
| | | | |

^{*} Indicates a required field



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: DECEMBER 11, 2018 | |
|--|---|
| Imbay Ol | Thorty ason |
| AFFIANT'S SIGNATURE | PRINT NAME |
| STATE OF TEXAS | |
| COUNTY OF TRAVIS | |
| This instrument was acknowledged, sworn to and subso | cribed before me by |
| On the $//Th$ day of \overline{DEC} | , 2018 , to certify which witness my hand and official seal. |
| Motary Public in and for the State of Texas | MICHAEL SULLIVAN Notary Public, State of Texas |



Expenditure

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

| 1 | 10. 0. <u>0. 0. 0.</u> 0.00 | | | |
|---------|--------------------------------------|---|--------------------|-------------------|
| | PAYEE NAME Payee is an individual | Organization Name or Payee Last Name, as applicable* Guardian Public Strategies | | |
| | | Guardian Public Strategles. |] | |
| 2 | | Payee Address/ PO Box* | Payee Apartment | t or Suite Number |
| PAYEE | 815-A Brazos Street | Suite 304 | | |
| | ADDRESS | Payee City* | Payee State* | Payee Zip Code* |
| | | Austin | ТХ | 78701 |
| 3 | | Category* | (\$) Expenditure / | Amount* |
| | EXPENDITURE | Consulting Expense | \$5,000.00 | |
| DETAILS | Description (If Category is "Other") | Expenditure Date | e* | |
| | | | 20181207 | |
| | | | | |

| 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 | |
| | | | |
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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.

| 1 CONTRIBUTOR | Contributor Title Contributor First Name* | |
|------------------------------|--|--|
| NAME | | |
| Contributor is an individual | Organization Name or Contributor Last Name, as applicable* | Contributor Suffix |
| | | |
| 2 | Contributor Address/ PO Box* | Contributor Apartment or Suite Number |
| CONTRIBUTOR | | |
| ADDRESS | Contributor City* | Contributor State * Contributor Zip Code * |
| AND | | |
| EMPLOYER | Contributor Employer* | Contributor Occupation* |
| | | |
| 3 CONTRIBUTION | Contribution Date (yyyymmdd)* | (\$) Contribution Amount* |
| DETAILS | | |
| | | |

Add Another Contribution Page