## Report of Direct Campaign Expenditures:ATX.1 COVERSHEET

COVERSHEE	T			
1 INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE # 4		
	LAST; SUFFIX	ACCOUNT #		
	Austin Firefighters Public Safety Fund	00090451		
		OFFICE	USE ONLY	
2 INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road	Date Received ELECTRONICALLY FILED 10/28/2022		
	Austin, TX 78752	Receipt #		
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount	
3 INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed		
4 COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged		
	Gregory			
	Роре			
5 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
TREASURER ADDRESS	205 Longspur Drive			
	Buda, TX 78610			
6 MEMO				

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	Expenditure					FORM ATX1EXPEN	D
	FILER NAME		2 FILER ID			2 Total pages Schedule ATV1EVDEND	
Ľ	Austin Firefighters Pub	lic Safety Fund	00090451			<b>3</b> Total pages Schedule ATX1EXPEND:	
	Austin Filenginters Fut	ne Salety I and	00000401			Sch: 1/2 Rpt: 2/4	
		1				·	
4	MEMO						
5	PAYEE NAME	LAST FIRST MI Meta					
6	PAYEE ADDRESS	Payee address;	apartment/suit#;	City;	State; Zip	Code	
		1 Hacker Way					
			04025				
		Menlo Park, CA	94025				
7	EXPENDITURE DETAILS	(a) Category			(b) Description		
	DETAILS	Advertising E>	kpense				
		(c) Date			(d) Amount (\$)		
		10/27/2022			\$900.00		
					+++++++++++++++++++++++++++++++++++++++		
8	Complete <u>ONLY</u> if candidate or ballot	(a) Candidate/Offic	eholder name		(b) Ballot measu	re supported/opposed	
	measure	LastName; S	uffix; FirstName;	Title			
	suported/opposed					( IF BALLOT MEASURE)	
		Craig	Ken		(CHEC	(IF BALLOT MEASURE)	
		(c) Office sought			(d) Office held		
		Council Memb	per. District 5				
1							

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	Expenditure				FORM ATX1EXPEND
	FILER NAME		2 FILER ID		
Ľ	Austin Firefighters Pub	lic Safety Fund	00090451		<b>3</b> Total pages Schedule ATX1EXPEND:
	Austin Firengriters Fub	ne Salety I and	00030431		Sch: 2/2 Rpt: 3/4
		1			·
4	MEMO				
5	PAYEE NAME	LAST FIRST MI			
		(see previous)			
6	PAYEE ADDRESS	Payee address;	apartment/suit#; Ci	ty; State; Z	/ip Code
7	EXPENDITURE DETAILS	(a) Category		(b) Descriptic	n
⊢		(c) Date		( )) ( ) ( )	х.
		(0) 200		<b>(d)</b> Amount (\$	)
8	Complete ONLY if	(a) Candidate/Offic	eholder name	(b) Ballot mea	asure supported/opposed
	candidate or ballot measure	LastName; Si	uffix; FirstName; Title		
	suported/opposed				
		Watson	Kirk	(CHE	CK IF BALLOT MEASURE)
⊢		(c) Office sought		(d) Office hel	d
					u
		Mayor			

## 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