## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

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т	ne MPAC Instruction	<ul><li>2 Total pages filed:</li><li>5</li></ul>				
3	00090451 3 COMMITTEE NAME			OFFICE USE ONLY		
	Austin Firefighters Public Safety Fund					
	-	-				
				ELECTRONICALLY FILED		
				06/27/2023		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; 0	CITY; STATE; ZIP			
	ADDRESS	7537 Cameron Road				
	Change of Address	Austin, TX 78752		Date Lland delivered or Date Destroyled		
- -	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked		
5	TREASURER		1VII	Dessint # Amount		
	NAME	Gregory		Receipt # Amount		
		NICKNAME LAST	SUFF	Date Processed		
			3011			
		Pope		Date Imaged		
6		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE		
	TREASURER STREET	9621 Cooper Creek Drive				
	ADDRESS	2402				
	(Residence or Business)	Austin , TX 78729				
Ŀ	OMADALON					
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE		
	MAILING					
	ADDRESS					
	Change of Address	тх				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
ľ	TREASURER		EXTENSION			
	PHONE	(512) 626-0173				
	REPORT TYPE					
l ,	REPORT TIPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)		
			L treasurer termination			
10	MONTHLY					
	REPORT FILING DEADLINE	January 5 April 5	July 5	October 5		
	DERDENVE	February 5 May 5	August 5	November 5		
		March 5 June 9	5 September 5	December 5		
	L PERIOD	Month Day Year	Month	Day Year		
	COVERED	05/26/2023 Tł	IROUGH 06/25	•		
		03/20/2023	00/23	12023		
	GO TO PAGE 2					
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.4.8a9eb6dd					

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			13 Filer ID	(Ethics Commission Filers)
Austin Firefighters Public Safety Fund  0009			00090451	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	EXPENDITURES OF \$10 OR LESS, UNLESS ITEMI	ZED \$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	25,144.49
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Grego	ry Pope	
		Signature of Car		er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	Sworn to and subscribed before me, by the said			
of	_, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Texas I	Ethics Commission	www.ethics.state.tx.us		Version V3.4.8a9eb6dd

### FORM MPAC COVER SHEET PG 3

3 of 5

17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)	
Austin Firefighters Public Safety Fund00090451				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$</b> 0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9.	х	SCHEDULE E: LOANS		<b>\$</b> 0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	<b>\$</b> 0.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 0.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13.	х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - MPAC** 

### **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austin Firefighters Public Safety Fund 00090451 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SC	HEDULE E
The Instruction Guide explains how to complete this form.	tal pages Schedule h: 1/1 Rpt: 5/5	E:	
2 FILER NAME Austin Firefighters Public Safety Fund	er ID (Ethics Com 090451	mission Filers)	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:		) <b>9</b> Loan Am	ount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest F	
			Jale
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instruct	ions)		
14 Description of Collateral  15 Check if personal funds    None	s were depo	osited into political a (See Inst	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount C	Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation    21 Employer (See Instruct	ions)		