

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6254

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 3
3 COMMITTEE NAME <i>Firefighters For Public Safety</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>503 Hyde Cove Leander TX 78641</i>	Date Received <i>APR 17 2006</i>	Date Hand-delivered or Date Postmarked <i>APR 17 2006</i>
	5 CAMPAIGN TREASURER NAME <i>Steven Salazar</i>	MS / MRS / MR; FIRST; MI; NICKNAME; LAST; SUFFIX <i>MI: X</i>	Receipt #; Amount; Date Processed; Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>503 Hyde Cove Leander TX 78641</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION <i>(512) 627-6485</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>3 / 29 / 06 4 / 13 / 06</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 13 / 06</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME *Firefighters For Public Safety* **ACCOUNT #**
(Ethics Commission filers)

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # *not assigned* **ELECTION DATE**
Month Day Year *5 13 / 06*

DESCRIPTION
TCESD #6 Collective Bargaining

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 47.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 151.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3319.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Firefighters For Public Safety</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <u>Clarion Hotel</u> 6 Payee address; City; State; Zip Code <u>San Antonio TX</u>	7 Amount (\$) <u>103.91</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Hotel room for Pres. Trabee to meet w/ TSAFF</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

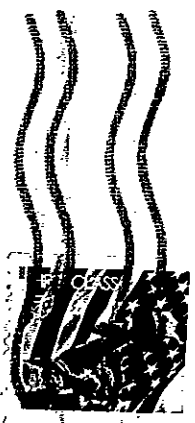
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

503 Hyde Cir
Leander TX
78641

Donna DeBeauvoir
Electronics
5501 Airport
Austin TX, 78751

AUSTIN TX 787

13 APR 2006 PM 1 T



FILED FOR RECORD
2006 APR 17 PM 2:45
CLERK
TRAVIS COUNTY TEXAS

78751+1410