

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6283

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: 4
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 2006 MAY 2 AM 9:50 TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS	Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Mr Steven Salazar</i>	Date Received 2006 MAY 2 AM 9:50 TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS	
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>503 Hyde Cove Leander TX 78641</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 260 6483</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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>5 / 01 / 06</i> THROUGH 5 / 13 / 06		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 13 / 06</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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**

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

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

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE

Month Day Year

DESCRIPTION

Proposition # 1

5/13/06

Collective Bargaining ESP#6

**14 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0*

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *60.67*

4. TOTAL POLITICAL EXPENDITURES

\$ *5,591.51*

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *5,748.12*

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.

Stephen Pulgar

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>2</u>
2 FILER NAME <u>Firefighter For Public Safety</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>5-1-06</u>	5 Payee name <u>Diamond Shamrock</u> 6 Payee address; City; State; Zip Code <u>Austin TX</u>	7 Amount (\$) <u>57.30</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Fuel</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>5-4-06</u>	Payee name <u>American Printing</u> Payee address; City; State; Zip Code <u>1606 Headway Circle Austin TX 78754</u>	Amount (\$) <u>3,218.27</u>
Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>5-4-06</u>	Payee name <u>American Printing</u> Payee address; City; State; Zip Code <u>1606 Headway Circle Austin TX 78754</u>	Amount (\$) <u>1,057.58</u>
Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>5-4-06</u>	Payee name <u>United States Postal</u> Payee address; City; State; Zip Code	Amount (\$) <u>1,186.36</u>
Purpose of payment (See instructions regarding type of information required.) <u>Postage</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Firefighters For Public Safety</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5-4-06</i>	5 Payee name <i>United States Postal</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>78.00</i>
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5-8-06</i>	Payee name <i>Home</i> 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

563 Hyde Ave
Lander TX
78641

AUSTIN TX 787
10 MAY 2006 PM 4 T



Travis County Clerk
(Elections)

5501 Airport Blvd
Austin TX 78751

FILED FOR RECORD
2006 MAY 12 AM 9:50
CLERK COUNTY TRAVIS TEXAS

78751+1410