

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

8535

## 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 COMMITTEE NAME

Fire Fighters For the Improvement of District #10

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

## 4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2716 Barton Creek Blvd. Apt 1823, Austin, TX; 78735

 change of address

## 5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Austin

Edward

NICKNAME

LAST

SUFFIX

Davis

## 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2716 Barton Creek Blvd. Apt 1823, Austin, TX; 78735

## 7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2716 Barton Creek Blvd. Apt. 1823; Austin, TX; 78735

 change of address

## 8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 484-3280

## 9 REPORT TYPE

 January 15  
 July 15 30th day before election  
 8th day before election  
 Runoff Exceeded \$500 limit  
 Dissolution (attach PAC-DR)  
 10th day after campaign treasurer termination

## 10 PERIOD COVERED

Month Day Year

3 / 30 / 2015

THROUGH

Month Day Year

5 / 9 / 2015

## 11 ELECTION

ELECTION DATE  
Month Day Year

5 / 9 / 2015

ELECTION TYPE

 Primary Runoff General Special

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

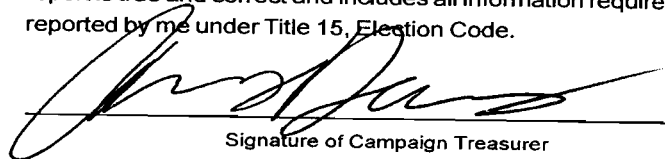
**12 COMMITTEE NAME** Five Fighters For the Improvement of District #10 **ACCOUNT # (Ethics Commission Filers)**

<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>
<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <u>TCESD10 Prop. 1</u>	<b>ELECTION DATE</b> Month Day Year <u>5 / 9 / 2015</u>
		<b>DESCRIPTION</b>

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ N/A
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 850.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

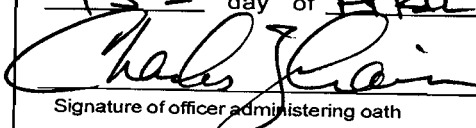
**15 AFFIDAVIT**

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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Austin Davis, this the 15<sup>th</sup> day of APRIL, 20 15, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

CHARLES Z. CRAIN  
 Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Austin E. Davis

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/25/15

5 Full name of contributor

Kyle T. Swarts

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

N/A

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/18/15

Full name of contributor

Charles Z. Crum III

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

709 Lison Dr, Austin, TX, 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/15

Full name of contributor

Kenton P. Campbell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10103 Wildflower Ln, Austin, TX, 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/15

Full name of contributor

Glen Rctd

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1305 Carlotta Ln, Austin, TX, 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/15

Full name of contributor

John M. Jackson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1303 Bowie Rd, Austin, TX, 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

**FORM STA**  
**PG 1**

See STA Instruction Guide for detailed instructions.

1 Total pages filed:

 2 COMMITTEE  
 NAME

Fine Fighters For the Improvement of A District 10

**OFFICE USE ONLY**

 3 COMMITTEE  
 ADDRESS

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 2716 Barton Creek Blvd. Apt. 1823 Austin TX. 78735

Acct. #

Date Received

 4 CAMPAIGN  
 TREASURER  
 NAME

 MS / MRS / MR FIRST MI  
 Mr Austin Edward  
 NICKNAME LAST SUFFIX  
 Davis

HD/PM

 5 CAMPAIGN  
 TREASURER  
 STREET  
 ADDRESS  
 (residence or business)

 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 2716 Barton Creek Blvd. Apt. 1823 Austin TX. 78735

Date Processed

Date Imaged

 6 MAILING  
 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

 same as above

 7 CAMPAIGN  
 TREASURER  
 PHONE

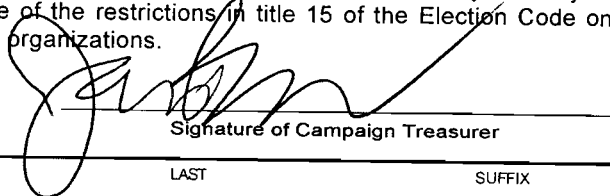
 AREA CODE PHONE NUMBER EXTENSION  
 (512 ) 484-3280

 8 PERSON  
 APPOINTING  
 TREASURER

 FIRST MI LAST SUFFIX  
 James Paul Buster

9 SIGNATURE

I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
 Signature of Campaign Treasurer

 10 ASSISTANT  
 CAMPAIGN  
 TREASURER  
 (see instructions)

 FIRST MI LAST SUFFIX  
 Derek RA Beck

 11 ASSISTANT  
 CAMPAIGN  
 TREASURER  
 ADDRESS

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 2400 Braxton Cove, Austin, TX 78741

 12 ASSISTANT  
 CAMPAIGN  
 TREASURER  
 PHONE

 AREA CODE PHONE NUMBER EXTENSION  
 (512 ) 484-7898

CONTINUE ON PAGE 2

# SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA  
PG 2

## 13 COMMITTEE NAME

~~Fire Fighters~~ Fire Fighters For Improvement For District 10

## 14 COMMITTEE PURPOSE

- SUPPORT CANDIDATE
- OPPOSE CANDIDATE
- ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

- SUPPORT MEASURE
- OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

Travis County ESD#10 prop. 1

ELECTION DATE

Month / Day / Year  
5 / 9 / 2015

DESCRIPTION

Increase in sales tax by 1.5%

## 15 MODIFIED REPORTING DECLARATION

### COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

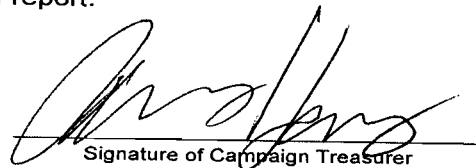
**••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**

**••The modified reporting declaration is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

2015

Year of election(s) or election cycle to which declaration applies

  
Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED