

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067700	2 Total pages filed: 10
3 COMMITTEE NAME Burleson Fire Fighters Committee for Responsible Government		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 92 Burleson, TX 76097		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Carlos	
	NICKNAME	LAST	SUFFIX
		Martinez	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	6317 Rhoden Ave Godley, TX 76044		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	937-0753	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2023		06/30/2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Burluson Fire Fighters Committee for Responsible Government	13 Filer ID (Ethics Commission Filers) 00067700
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Phil Anderson Local City Council
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 9,425.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,393.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,696.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Mr. Carlos Martinez

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Burluson Fire Fighters Committee for Responsible Government		18 Filer ID (Ethics Commission Filers) 00067700
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,425.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,393.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,576.18
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 4/10	
2 FILER NAME Burleson Fire Fighters Committee for Responsible Government		3 Filer ID (Ethics Commission Filers) 00067700	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Check if travel outside of Texas. Complete Schedule T.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/10
2 FILER NAME Burleson Fire Fighters Committee for Responsible Government		3 Filer ID (Ethics Commission Filers) 00067700
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/10	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 05/08/2023	5 Payee name Eason, Ben (Mr.)	
6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1508 Baker Ln Burluson, TX 76028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2023	Payee name Maxim Incentives	
Amount (\$) \$928.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 770 N Beach Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Shirts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2023	Payee name Polson, Daniel (Mr.)	
Amount (\$) \$390.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 517 NW Lorna Ln. Burluson, TX 76028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 7/10	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 04/20/2023	5 Payee name Chick-Fil-A	
6 Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food
Date 04/20/2023	Payee name Chuy's	
Amount (\$) 43.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food
Date 04/21/2023	Payee name Courtyard byMarriot	
Amount (\$) 35.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food
Date 04/24/2023	Payee name Glynn, Michael (Mr.)	
Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Repayment for Service Training Room

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt: 8/10	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 04/26/2023	5 Payee name Home Depot	
6 Amount (\$) 45.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 300 NW John Jones Burluson, TX 76028	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 04/20/2023	Payee name Home Depot	
Amount (\$) 183.46 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 NW John Jones Burluson, TX 76028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Equipment
Date 06/16/2023	Payee name Maxim Incentives	
Amount (\$) 2,364.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 770 N Beach Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) El Paso Shirts
Date 04/15/2023	Payee name Old Texas Brewing Company	
Amount (\$) 57.56 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 122 W. Ellison Burluson, TX 76028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food for Meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt: 9/10	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 04/20/2023	5 Payee name Our Place Restaurant	
6 Amount (\$) 33.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food
Date 04/03/2023	Payee name Our Place Restaurant	
Amount (\$) 148.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food for Meeting
Date 04/03/2023	Payee name Our Place Restaurant	
Amount (\$) 119.27 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food for Meeting
Date 04/20/2023	Payee name Pappadeaux's	
Amount (\$) 610.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 03/28/2023	5 Payee name Rio Mambo	
6 Amount (\$) 108.87 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food
Date 03/13/2023	Payee name Texas Ethics Commission	
Amount (\$) 512.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 201 E 14th St #10 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Late Report Fee and Credit Card Fee
Date 03/28/2023	Payee name The Rim	
Amount (\$) 99.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food