

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) 00017347	2 Total pages filed: 13
3 COMMITTEE NAME Corpus Christi Fire Fighters COPE		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/02/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	6014 Ayers		
	Corpus Christi, TX 78415-5631		
	Date Hand-delivered or Date Postmarked		
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Samuel	
		NICKNAME	SUFFIX
		Morroquin	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	6014 Ayers Corpus Christi, TX 78415		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	6014 Ayers Corpus Christi, TX 78415		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 814-4437	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input 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
	07/01/2023		12/31/2023
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 Corpus Christi Fire Fighters COPE	13 Filer ID (Ethics Commission Filers) 00017347
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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
		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)	\$ 0.00
	<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)	\$ 14,751.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 122,415.29
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. Samuel Morroquin

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 Corpus Christi Fire Fighters COPE		18 Filer ID (Ethics Commission Filers) 00017347
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,751.30
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 32,935.00
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	\$ 2,500.00
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	\$ 13,592.77
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 07/28/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of contribution (\$) \$1,880.37	9 In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	7 Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$2,783.31	In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$2,959.93	In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/31/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of contribution (\$) \$2,264.19	9 In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	7 Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$3,401.71	In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$1,461.79	In-kind contribution description Deposit - Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/4 Rpt: 6/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 07/07/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 07/24/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 08/04/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 08/18/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 2/4 Rpt: 7/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 09/01/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$1,940.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 09/18/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$1,940.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 09/29/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$1,940.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 10/13/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$1,940.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 3/4 Rpt: 8/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 10/30/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$3,487.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 11/10/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$3,487.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 11/22/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$3,487.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
5 Date 12/08/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of pledge (\$) \$3,482.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
	7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 4/4 Rpt: 9/13	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/22/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$3,472.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/13
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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: 11/13	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 10/18/2023	5 Payee name Phelan, Dade (Rep.)	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 848 Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> 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: 1/2 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 07/06/2023	5 Payee name Angle Fire Enterprises	
6 Amount (\$) 191.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 522 Hancock Ave., #203 Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quick Books set-up.
Date 07/27/2023	Payee name BSN Sports LLC	
Amount (\$) 648.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 841393 Dallas, TX 75284	
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.) COPE Product Purchase - (Tees, Caps, Decals...)
Date 09/28/2023	Payee name BSN Sports LLC	
Amount (\$) 7,245.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 841393 Dallas, TX 75284	
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.) Purchase COPE Products (Tees, Caps, Decals...)
Date 12/01/2023	Payee name BSN Sports LLC	
Amount (\$) 1,354.12 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 841393 Dallas, TX 75284	
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.) Purchase - COPE Products (Tees, Caps, Decals...)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 12/15/2023	5 Payee name BSN Sports LLC	
6 Amount (\$) 534.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 841393 Dallas, TX 75284	
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.) Purchase - COPE Products (Tees, Caps, Decals...)
Date 10/13/2023	Payee name Garza, Brian	
Amount (\$) 420.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7210 Nuss Corpus Christi, TX 78414	
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.) Purchase COPE Products (Tees, Caps, Decals...)
Date 08/08/2023	Payee name Texas Ethics Commission	
Amount (\$) 3,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 12070 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Filing Penalties