#### FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017347 3 COMMITTEE NAME **OFFICE USE ONLY** Corpus Christi Fire Fighters COPE Date Received **ELECTRONICALLY FILED** 01/02/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6014 Ayers Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78415-5631 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Samuel NAME NICKNAME LAST **SUFFIX** Morroquin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 6014 Ayers STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78415 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6014 Ayers MAILING **ADDRESS** Corpus Christi, TX 78415 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 814-4437 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	COMMITTEE NAME			(Ethics Commission Filers)
Corpus Christi Fire F	Fighters COPE		00017347	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		Б. Орросси		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N  X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,751.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	122,415.29
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mr. Samue	l Morroquin	
		Signature of Can	npaign Treasu	rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		, th	is 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 offic	cer administering oath

### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 3 of 13

				3 of 13	
17 COMMITT	FEE NAME	18 Filer ID	(Ethics Com	mission Filers)	
Corpus (	Christi Fire Fighters COPE	00017347			
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	14,751.30	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	32,935.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9. X	SCHEDULE E: LOANS		\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,500.00	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	13,592.77	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
			•		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/13		
2 FILER NAME			3 Filer ID (Ethic	cs Commission Filers)	
Corpus Chri	sti Fire Fighters COPE		00017347	,	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00	
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)		9 In-kind contribution	
07/28/2023	07/28/2023 Corpus Christi Firefighters Association		contribution (\$)	1	
	7 Contributor address; City; State; Zip Code		\$1,880.37	Deposit - Product Sales (Tees, Caps, Decals)	
	, , , , , , , , , , , , , , , , , , ,			(Tees, Caps, Decais)	
				i I	
	Corpus Christi, TX 78415		Check if travel of	l outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See i	nstructions)	
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 contributo	r's spouse (if any) (	(FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:	\	Amount of	In-kind contribution	
08/31/2023	Corpus Christi Firefighters Association		contribution (\$)		
00/01/1010	Contributor address; City; State; Zip Code		\$2,783.31	Deposit - Product Sales	
	Contributor address, City, State, Zip Code			(Tees, Caps, Decals)	
				I I	
	Corpus Christi, TX 78415		Check if travel	l outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)	
·	,	. , ,	,		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (	(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (	(FOR JUDICIAL)	
				,	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	, , , , , , , , , , , , , , , , , , , ,				
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution	
09/29/2023	Corpus Christi Firefighters Association		contribution (\$)		
03/23/2023				Deposit - Product Sales	
	Contributor address; City; State; Zip Code			(Tees, Caps, Decals)	
				] [	
	Corpus Christi, TX 78415		Chapte if traval	l outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)	
o.pa. 0000	,	p.oyo. (. 0		,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (	(EOR JUDICIAL)	(See instructions)	
Contributor 5	principal decapation (i divide 210 ii 12)		(1 011 00 2 10 11 12)	(======================================	
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
Continuators	omployoutar initi (i or obbioine)	Law min or contributo	o spouse (ii aiiy) (	(1 01 00 DIOI/ L)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ii continutori	is a sma, law min or parenday (ir any) (ir on sourciAL)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/13		
2 FILER NAME			3 Filer ID (Ethic	cs Commission Filers)	
Corpus Chri	sti Fire Fighters COPE		00017347	,	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00	
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)		9 In-kind contribution	
10/31/2023	Corpus Christi Firefighters Association		contribution (\$)		
	7 Contributor address; City; State; Zip Code		\$2,264.19	Deposit - Product Sales (Tees, Caps, Decals)	
				1	
				<u>.</u>	
	Corpus Christi, TX 78415		Check if travel of	l outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
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 contributo	r's spouse (if any) (	FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	,				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
11/29/2023		)	contribution (\$)		
11/29/2023	Corpus Christi Firefighters Association			Deposit - Product Sales	
	Contributor address; City; State; Zip Code			(Tees, Caps, Decals)	
				<u> </u>	
	Corpus Christi, TX 78415		<b>п</b>	i	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)	
i ilicipai occi	apation 7 300 title (1 OK NOW 30010IAE) (655 metations)	Employer (i Orcivore	JODICIAL) (666 II		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(EOR JUDICIAL)	(See instructions)	
Contributor 3	principal decapation (i Cit de Biolitic)	Contributor 3 job title	(1 01( 0001011/12)	(GGG IIIGU GGUGIIG)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's snouse (if any) (	EOD JUDICIAL)	
Continuators	employer/law liftii (FOR 30DICIAL)	Law IIIII of Contributo	i s spouse (ii ariy) (	FOR JUDICIAL)	
If contributor i	is a shild law firm of naront/o) (if any) (FOD HIDICIAL)				
ii contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
				T	
Date	Full name of contributor uut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description	
12/29/2023	Corpus Christi Firefighters Association			Deposit - Product Sales	
	Contributor address; City; State; Zip Code		Ψ1,401.10	(Tees, Caps, Decals)	
				l	
				I I	
	Corpus Christi, TX 78415		Check if travel of	outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

PLEDO	SED CONTRIBUTION	JNS			SCHEDULE B	
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Schedule B: Sch: 1/4 Rpt: 6/13		
2 FILER NAM Corpus Ch	E risti Fire Fighters COPE			<b>3</b> Filer ID (Eth 00017347	nics Commission Filers)	
4 TOTAL O	F UNITEMIZED PLEDGES	}		\$	0.00	
5 Date 07/07/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable)  Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)		
5 Date 07/24/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	iside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	octions)		
5 Date 08/04/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code  08/04/2023		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions		
<b>10</b> Principal occ	Corpus Christi, TX 78415 cupation / Job title (See Instruction	 ns)	11 Employer (See Instru	<u> </u>		
·	,	,				
5 Date 08/18/2023	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$1,940.00	In-kind description (If applicable)  Deposit - COPE Membership Contributions	
	Corpus Christi, TX 78415			Check if travel outs	I i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)		

PLEDO	SED CONTRIBUTION	JNS			SCHEDULE B	
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Schedule B: Sch: 2/4 Rpt: 7/13		
2 FILER NAM Corpus Chi	E risti Fire Fighters COPE			3 Filer ID (Eth 00017347	nics Commission Filers)	
4 TOTAL O	F UNITEMIZED PLEDGES	}		\$	0.00	
5 Date 09/01/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable)  Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	ı side of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)			ictions)			
5 Date 09/18/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable)  Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	ı side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)		
5 Date 09/29/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions I		
10 Principal occ	Corpus Christi, TX 78415 cupation / Job title (See Instruction	ns)	11 Employer (See Instru	<u> </u>		
	(	-,				
5 Date 10/13/2023	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;		)	8 Amount of pledge (\$) \$1,940.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions	
	Corpus Christi, TX 78415			Check if travel outs	I I side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	actions)		

PLEDG	SED CONTRIBUTION	JNS			SCHEDULE B	
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Schedule B: Sch: 3/4 Rpt: 8/13		
2 FILER NAMI Corpus Chi	E risti Fire Fighters COPE			3 Filer ID (Eth 00017347	nics Commission Filers)	
4 TOTAL O	F UNITEMIZED PLEDGES	,		\$	0.00	
5 Date 10/30/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$3,487.00	9 In-kind description (If applicable)  Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	ı side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	is)	11 Employer (See Instru	ictions)		
5 Date 11/10/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$3,487.00	9 In-kind description (If applicable) Deposit - COPE Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instruction	ıs)	11 Employer (See Instru	ictions)		
5 Date 11/22/2023	Corpus Christi Firefighters Association  7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$3,487.00	Membership Contributions		
10 Principal occ	Corpus Christi, TX 78415 cupation / Job title (See Instruction		11 Employer (See Instru	<u> </u>	side of Texas. Complete Schedule T.	
To Timopa. 31	supunon / oob and (oco mendensis	3)	Employer (See mone	Clions)		
5 Date 12/08/2023	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; C			8 Amount of pledge (\$) \$3,482.00	9 In-kind description (If applicable)	
Corpus Christi, TX 78415		Check if travel outs	i side of Texas. Complete Schedule T.			
10 Principal occ	cupation / Job title (See Instruction	is)	11 Employer (See Instru	ictions)		

PLEDO	SED CONTRIBUTIONS				SCHEDULE	3
The	Instruction Guide explains how to comple	te this form.	1	Total pages Scheo Sch: 4/4 Rpt: 9/		
2 FILER NAMI	E		3		ics Commission Filers)	
Corpus Christi Fire Fighters COPE			00017347	,		
4 TOTAL O	F UNITEMIZED PLEDGES			\$	(	0.00
<b>5</b> Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8	Amount of	9 In-kind description	
	Corpus Christi Firefighters Association	,		pledge (\$)	(If applicable)	
12/22/2023	7 Pledgor Address; City; State; Zip Code			\$3,472.00	Deposit - COPE Membership Contributions	
	Corpus Christi, TX 78415		   г	Check if travel outs	I I ide of Texas. Complete Sched	dule T.
10 Principal occ	L cupation / Job title (See Instructions)	11 Employer (See Instru	ctic			
	(======================================	== Employer (See mond	iotic	, iii		

	LOANS						SCH	HEDULE <b>E</b>	<b>=</b>
	The Instructio	The Instruction Guide explains how to complete this form			ges Schedule I L Rpt: 10/13	≣:			
2	2 FILER NAME Corpus Christi Fire Fighters COPE					Filer ID 000173	(Ethics Comr 47	nission Filers)	)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	ate	
							<b>11</b> Maturity D	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)				
14	Description of Coll	ateral		15 Check if personal	I funds were o	deposited	into political a		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount G	uaranteed (\$)	)
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	structions)				

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 11/13	Corpus Christi Fire Fighters COPE 00017347
4 Date	5 Payee name
10/18/2023	Phelan, Dade (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to	complete this form.			
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	Payee name				
07/06/2023	Angle Fire Enterprises				
6 Amount (\$)	7 Payee Address; City; State; Zip				
191.25	522 Hancock Ave., #203				
Expenditure from corporate funds	Corpus Christi, TX 78404				
8 PURPOSE		(b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Accounting/Banking	Quick Books set-up.			
Date	Payee name				
07/27/2023	BSN Sports LLC				
Amount (\$)	Payee Address; City; State; Zip				
648.00	PO Box 841393				
Expenditure from	Dallac TV 75294				
corporate funds	Dallas, TX 75284  (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
PURPOSE OF	Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  COPE Product Purchase -			
EXPENDITURE	Cines evernous/Nemail Expense	(Tees, Caps, Decals)			
Date	Payee name				
09/28/2023	BSN Sports LLC				
Amount (\$)	Payee Address; City; State; Zip				
7,245.16	PO Box 841393				
Expenditure from corporate funds	Dallas, TX 75284				
PURPOSE		(b) Description (See instructions regarding type of information required.)			
OF	Office Overhead/Rental Expense	Purchase COPE Products			
EXPENDITURE		(Tees, Caps, Decals)			
Date	Payee name				
12/01/2023	BSN Sports LLC				
Amount (\$)	Payee Address; City; State; Zip				
1,354.12	PO Box 841393				
Expenditure from	Dallas, TX 75284				
corporate funds	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
PURPOSE OF	Office Overhead/Rental Expense	Purchase - COPE Products (Tees, Caps, Decals)			
EXPENDITURE	·	(,, ,			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.		
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  Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 841393  Dallas, TX 75284		
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.) Purchase - COPE Products (Tees, Caps, Decals)		
Date 10/13/2023	Payee name Garza, Brian		
Amount (\$)  420.00  Expenditure from	Payee Address; City; State; Zip 7210 Nuss		
corporate funds	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	Payee name		
08/08/2023	Texas Ethics Commission		
Amount (\$)  3,200.00  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		