

**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: 14
3 COMMITTEE NAME Burleson Fire Fighters Committee for Responsible Government		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024 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 Mr.	FIRST Carlos	MI
	NICKNAME	LAST Martinez	SUFFIX
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 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 07/01/2023	THROUGH	Month Day Year 12/31/2023
11 ELECTION	ELECTION DATE Month Day Year 01/16/2024	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

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
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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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 9,425.00
	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	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,447.04
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	\$ 0.00
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	\$ 7,674.90
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: 4/14

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 out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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: 5/14
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)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/9 Rpt: 6/14	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 09/27/2023	5 Payee name 54th Street	
6 Amount (\$) 106.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1303 I-35 Frontage Rd San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner
Date 10/23/2023	Payee name AMAZON	
Amount (\$) 6.81 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109	
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.) Amazon
Date 07/28/2023	Payee name AMAZON	
Amount (\$) 25.62 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109	
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.) Equipment
Date 07/28/2023	Payee name AMAZON	
Amount (\$) 96.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109	
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.) Equipment

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/9 Rpt: 7/14	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 07/27/2023	5 Payee name AMAZON	
6 Amount (\$) 189.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109	
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.) Equipment
Date 07/17/2023	Payee name AMAZON	
Amount (\$) 805.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109	
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.) Equipment
Date 07/14/2023	Payee name Anson Eleven	
Amount (\$) 446.66 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 303 N. Oregon St El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks
Date 07/14/2023	Payee name Barrio Eats and Drinks	
Amount (\$) 678.22 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 502 N Oregon St Ste A El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/9 Rpt: 8/14	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 10/02/2023	5 Payee name Bucee's	
6 Amount (\$) 64.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4155 N General Bruce Dr Temple, TX 76501	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Transportation Equipment & Related Expense	(b) Description (See instructions regarding type of information required.) Gas
Date 09/26/2023	Payee name Bucee's	
Amount (\$) 48.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4155 N General Bruce Dr Temple, TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Transportation Equipment & Related Expense	(b) Description (See instructions regarding type of information required.) Gas
Date 07/12/2023	Payee name El Paso Fire Fighters	
Amount (\$) 180.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3112 Forney Ln El Paso, TX 79935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Pub Crawl
Date 07/11/2023	Payee name First Quarter Bar and Grill	
Amount (\$) 138.82 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 8008 Herb Kelleher Way Terminal Stem Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Lunch

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/9 Rpt: 9/14	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 09/29/2023	5 Payee name Garcia's Resturant	
6 Amount (\$) 59.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 403 S LBJ Dr San Marcos, TX 78666	
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.) Dinner
Date 07/13/2023	Payee name Headquarters Tap House	
Amount (\$) 195.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2900 N Mesa St El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks
Date 07/13/2023	Payee name Honest Abe's	
Amount (\$) 311.03 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1160 Airway Blvd El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks
Date 09/28/2023	Payee name Hooters	
Amount (\$) 101.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 310 I-35 Frontage Rd. Ste 201 San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Lunch

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/9 Rpt:	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 07/17/2023	5 Payee name Hotel Paso Del Norte	
6 Amount (\$) 804.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 10 Henry Trost Ct El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) Lodging
Date 09/12/2023	Payee name Jones, Mike	
Amount (\$) 750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 608 Joy Ct. Burluson, TX 76028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Repay
Date 07/17/2023	Payee name Jones, Mike	
Amount (\$) 253.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 608 Joy Ct. Burluson, TX 76028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Repay
Date 10/02/2023	Payee name Martinez, Carlos	
Amount (\$) 111.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6317 Rhoden Ave Godley, TX 76044	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Coverage

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/9 Rpt:	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 09/22/2023	5 Payee name Martinez, Carlos	
6 Amount (\$) 81.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6317 Rhoden Ave Godley, TX 76044	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Repay
Date 09/22/2023	Payee name Martinez, Carlos	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6317 Rhoden Ave Godley, TX 76044	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Repay
Date 09/28/2023	Payee name Sean Patrick's	
Amount (\$) 95.83 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 202 E San Antonio San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks
Date 07/12/2023	Payee name Spec's	
Amount (\$) 1,136.09 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 655 Sunland Park Dr. Ste F El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Drinks

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/9 Rpt:	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 10/02/2023	5 Payee name Starbucks	
6 Amount (\$) 6.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2401 Utah Ave S Ste 800 Seattle, WA 98134	
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.) Coffee
Date 09/26/2023	Payee name Target	
Amount (\$) 27.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1000 Nicolet Mall Minneapolis, MN 55403	
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.) PAC Class Materials
Date 07/13/2023	Payee name The District Pub and Kitchen	
Amount (\$) 319.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1160 Airway Blvd Ste DA El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks
Date 09/28/2023	Payee name The Marc	
Amount (\$) 27.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 120 E San Antonio St San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/9 Rpt:	2 FILER NAME Burluson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 09/28/2023	5 Payee name The Marc	
6 Amount (\$) 26.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 120 E San Antonio St San Marcos, TX 78666	
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.) Drinks
Date 09/29/2023	Payee name The Root Cellar	
Amount (\$) 71.21 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 215 N LBJ Dr. San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner
Date 09/26/2023	Payee name Twin Peaks	
Amount (\$) 131.62 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1207 Purple Heart Trl San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner
Date 07/13/2023	Payee name UnBranded	
Amount (\$) 140.06 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 318 N. Mesa St Ste R El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Burleson Fire Fighters Committee for Responsible	3 Filer ID (Ethics Commission Filers) 00067700
4 Date 07/13/2023	5 Payee name Walgreens	
6 Amount (\$) 142.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 302 S Oregon St El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) Supplies
Date 07/13/2023	Payee name Walgreens	
Amount (\$) 37.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 302 S Oregon St El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Drinks