GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00067700		2 Total pages filed: 14
3	COMMITTEE NAME					OFFICE USE ONLY
	Burleson Fire Figh	ters Committee for Responsible Governme	ent			Date Received ELECTRONICALLY FILED 01/16/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	۲;	STATE; ZIP CO	DE	
	ADDRESS	P.O. Box 92				Date Hand-delivered or Date Postmarked
						Date Hald-delivered of Date Fostmarked
	Change of Address	Burleson, TX 76097				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Mr. Carlos				
		NICKNAME LAST				SUFFIX
		Martinez				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	STREET	6317 Rhoden Ave				
	ADDRESS					
	(Residence or Business)	Godley, TX 76044				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING					
	ADDRESS					
	Change of Address	тх				
Ļ		AREA CODE PHONE NUMBER				
8	CAMPAIGN TREASURER		EX	ENSION		
	PHONE	(817) 937-0753				
9	REPORT					
ľ	TYPE	X January 15 30	oth c	ay before election		Dissolution (Attach PAC-DR)
			h da	y before election		10th day after campaign treasurer termination
		July 15	unof	f		termination
		Marathan David Marat		N dia wala	Davis	Maran
10	PERIOD COVERED	Month Day Year 07/01/2023 TI			Day 1/2023	Year
		01/01/2023	II VV	12/3	1/2023	
11	ELECTION	ELECTION DATE		ELECTION TY	PF	
	LELCHON		rim	_		Other
		01/16/2024				
			Sene	eral Special		
		GO ⁻	ro	PAGE 2		
Fo	rms provided by Tex	xas Ethics Commission www.et	hic	s.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Burleson Fire Fighters (Committee for Respons	sible Government	00067700	
14 COMMITTEE ACTIVITY	1. 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		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	9,425.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	8,447.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Carlo	s Martinez	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	is the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

FORM GPAC COVER SHEET PG 3

3 of 14

17 COMMITT	EE NAME	18 Filer ID	(Ethics C	ommission Filers)
	Fire Fighters Committee for Responsible Government	00067700		
	LE SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,425.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	DNS	\$	7,674.90
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SUBTOTALS - GPAC

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains h	ow to complet	e this form.	1	Total pages S Sch: 1/1 Rp		• B:	
2	FILER NAME	E			3	Filer ID	(Ethics C	Commission Filers)	
	Burleson Fi	re Fighters Committee for Respon	isible Governmen	nt		00067700			
4	TOTAL OF	UNITEMIZED PLEDGES				\$			0.00
5	Date	6 Full name of pledgor	ut-of-state PAC (ID#:)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
		7 Pledgor Address; City;	State; Zip Code			Check if trave	I I I el outside d	of Texas. Complete Sch	edule T.
10) Principal occ	upation / Job title (See Instructions)		11 Employer (See Instru	ctio	ns)			

LOANS					SCHEDUI	EE
The Instructio	n Guide explains ho	w to complete this f	form.		ges Schedule E: 1 Rpt: 5/14	
2 FILER NAME Burleson Fire Fig	ghters Committee for Re	sponsible Government		3 Filer ID 000677	(Ethics Commission 200	Filers)
⁴ TOTAL OF UN	ITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	AC (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	on / Job title (See Instructior	ns)	13 Employer (See Instructions	5)		
14 Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
not applicable	18 Guarantor address;	City; State;	Zip Code			
20 Principal occupation	DN		21 Employer (See Instructions	6)	1	
			1			

Sch: 1/9 Rpt: 6/14 Burleson Fire Fighters Committee for Responsible 00067700 Date 5 Payee name 54th Street Amount (\$) 7 Payee Address; Cliy: 106.60 1303 I-35 Frontage Rd	Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
09/27/2023 5-th Street Amount (\$) 7 Payee Address; City; State; Zip 106.60 1303 1-35 Frontage Rd Expenditure from corporate funds San Marcos, TX 78666 PURPOSE CF EXPENDITURE (a) Category (Six instructions for examples of acceptable categories) Food/Beverage Expense (b) Description Dinner (Sixe instructions regarding type of information require Dinner Date 10/23/2023 Payee Address; City; State; Zip (b) Description Dinner (Sixe instructions regarding type of information require Dinner PURPOSE Expenditure from corporate funds Payee Address; City; State; Zip (b) Description Amazon (Sixe instructions regarding type of information require Amazon Date 07/28/2023 Payee Address; City; State; Zip (b) Description Amazon (Sixe instructions regarding type of information require Amazon Date 07/28/2023 Payee name AMAZON (Sixe instructions regarding type of information require City; State; Zip Amount (\$) Payee Address; City; State; Zip (b) Description Amazon (Sixe instructions regarding type of information require City; State; Zip Date 0F Payee Address; City; State; Zip (b) Description City; State; Zip (Sixe instructions regarding type of information require City; State; Zip Date 0F Payee name 07/28/2023 (AMAZON		Burleson Fire Fighters Committee for Response	ible	
106.60 1303 I-35 Frontage Rd Image: San Marcos, TX 78666 San Marcos, TX 78666 PURPOSE (a) Category Gee instructions for examples of acceptable categories) (b) Description Date Payee Address; City; State; Zip 6.81 410 Terry N Sea transactions for examples of acceptable categories) PURPOSE (a) Category Gee instructions for examples of acceptable categories) (b) Description PURPOSE 6.81 AMAZON Amount (s) Payee Address; City; State; Zip Corporate funds Seattle, WA 98109 (b) Description Corporate funds Seattle, WA 98109 (b) Description Amount (s) Payee name AMAZON Amount (s) Payee name AMAZON Amount (s) Payee name AMAZON 25.62 410 Terry N Seattle, WA 98109 PURPOSE (a) Category Gee instructions for examples of acceptable categories) (b) Description Corporate funds Seattle, WA 98109 (b) Description PURPOSE (a) Category Gee instructions for examples of acceptable categories) (b) Description Corporate funds Seattle, WA 98109 (b) Description (See instructions regarding type of information require Office Overhead/Rential Expense (b) Description				
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Amount (\$) Payee Address; City; State; Zip 96.17 410 Terry N Expenditure from corporate funds Seattle, WA 98109 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Formation req	Date	Payee name		
96.17 410 Terry N Expenditure from corporate funds Seattle, WA 98109 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Fquipment (See instructions regarding type of information require Fquipment	07/28/2023	AMAZON		
I corporate funds Seattle, WA 98109 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require For purpose OF Office Overhead/Rental Expense For purpose				
OF Office Overhead/Rental Expense Fouriement		Seattle, WA 98109		
	OF			(See instructions regarding type of information required.

Sch: 2/9 Rpt: 7/14 Date 5 07/27/2023 7 Amount (\$) 7 189.42 Expenditure from corporate funds	FILER NAME Burleson Fire Fighters Committee for Responsi Payee name AMAZON Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109 Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name AMAZON Payee Address; City; State; Zip	ible (b) Description Equipment	3 Filer ID (Ethics Commission Filers 00067700
07/27/2023 Amount (\$) 189.42 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 07/17/2023 Amount (\$) 805.00 Expenditure from	AMAZON Payee Address; City; State; Zip 410 Terry N Seattle, WA 98109 Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name AMAZON		(See instructions regarding type of information required.
189.42 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 07/17/2023 Amount (\$) 805.00 Expenditure from	410 Terry N Seattle, WA 98109 Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name AMAZON		(See instructions regarding type of information required.
corporate funds (a) PURPOSE (a) OF (b) EXPENDITURE (b) Date (c) 07/17/2023 (c) Amount (\$) 805.00 Expenditure from (c)	Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Payee name AMAZON		(See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense Payee name AMAZON		(See instructions regarding type of information required.
07/17/2023 Amount (\$) 805.00 Expenditure from	AMAZON		
Amount (\$) 805.00 Expenditure from			
805.00 Expenditure from	Payee Address; City; State; Zip		
	410 Terry N		
	Seattle, WA 98109		
PURPOSE (a OF EXPENDITURE) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description Equipment	(See instructions regarding type of information required.
Date	Payee name		
07/14/2023	Anson Eleven		
Amount (\$) 446.66	Payee Address;City; State; Zip303 N. Oregon St		
Expenditure from corporate funds	El Paso, TX 79901		
PURPOSE (a OF EXPENDITURE) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Drinks	(See instructions regarding type of information required.
Date	Payee name		
07/14/2023	Barrio Eats and Drinks		
Amount (\$) 678.22 Expenditure from corporate funds	Payee Address;City; State; Zip502 N Oregon StSte AEl Paso, TX 79901		
PURPOSE (a OF EXPENDITURE) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Dinner	(See instructions regarding type of information required.

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

	Total pages Schedule I: Sch: 4/9 Rpt: 9/14	2 FILER NAME Burleson Fire Fighters Committee for Responsit	he	3 Filer ID (Ethics Commission Filers 00067700
[Date 09/29/2023	 5 Payee name Garcia's Resturant 		00007700
	Amount (\$) 59.90 Expenditure from	7 Payee Address; City; State; Zip 403 S LBJ Dr		
	corporate funds	San Marcos, TX 78666		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Food/Beverage Expense	(b) Description Dinner	(See instructions regarding type of information required.
	Date 07/13/2023	Payee name Headquarters Tap House		
	Amount (\$) 195.49	Payee Address; City; State; Zip 2900 N Mesa St		
	Expenditure from corporate funds	El Paso, TX 79902		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Food/Beverage Expense	(b) Description Drinks	(See instructions regarding type of information required.
[Date	Payee name		
(07/13/2023	Honest Abe's		
/	Amount (\$) 311.03	Payee Address; City; State; Zip 1160 Airway Blvd		
	Expenditure from corporate funds	El Paso, TX 79925		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Food/Beverage Expense	(b) Description Drinks	(See instructions regarding type of information required.
[Date	Payee name		
(09/28/2023	Hooters		
	Amount (\$) 101.85 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 Lunch	(See instructions regarding type of information required.

	5/9 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Burleson Fire Fighters Committee for Responsible 00067700
	pate 7/17/2023	5 Payee name Hotel Paso Del Norte
	mount (\$) 804.76 Expenditure from	7 Payee Address; City; State; Zip 10 Henry Trost Ct
	orporate funds	El Paso, TX 79901
E	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District (See instructions regarding type of information required. Lodging
D	ate	Payee name
0	9/12/2023	Jones, Mike
	mount (\$) 750.00	Payee Address; City; State; Zip 608 Joy Ct.
	Expenditure from orporate funds	Burleson, TX 76028
E	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Loan Repayment/Reimbursement Repay
	ate 7/17/2023	Payee name Jones, Mike
	mount (\$) 253.26	Payee Address; City; State; Zip 608 Joy Ct.
	Expenditure from orporate funds	Burleson, TX 76028
E	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Loan Repayment/Reimbursement Repay
D	ate	Payee name
1	0/02/2023	Martinez, Carlos
	mount (\$) 111.55	Payee Address; City; State; Zip 6317 Rhoden Ave
	Expenditure from orporate funds	Godley, TX 76044
E	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Event Expense Event Coverage

Total page Sch: 6/9		2 FILER NAME Burleson Fire Fighters Committee for Respons	ible	3 Filer ID (Ethics Commission Filers 00067700
Date 09/22/20		5 Payee name Martinez, Carlos		
Amount (\$	81.00	7 Payee Address; City; State; Zip 6317 Rhoden Ave		
Expenditu		Godley, TX 76044		
PURPO OF EXPENDI	:	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description Repay	(See instructions regarding type of information required.
Date 09/22/202	23	Payee name Martinez, Carlos	<u> </u>	
Amount (\$	60.00	Payee Address;City; State; Zip6317 Rhoden Ave		
Expenditu		Godley, TX 76044		
PURPO OF EXPEND	:	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description Repay	(See instructions regarding type of information required.
Date 09/28/20	23	Payee name Sean Patrick's	I	
Amount (\$	95.83	Payee Address;City; State; Zip202 E San Antonio		
Expenditu		San Marcos, TX 78666		
PURPC OF EXPEND	:	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Drinks	(See instructions regarding type of information required.
Date		Payee name		
07/12/20	23	Spec's		
Amount (\$ 1, Expenditu corporate	,136.09 ure from	Payee Address; City; State; Zip 655 Sunland Park Dr. Ste F El Paso, TX 79912		
PURPO		(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description Drinks	(See instructions regarding type of information required.

Sch: 7/9 Rpt: Date 10/02/2023 Amount (\$) 6.12 Expenditure from corporate funds PURPOSE OF EXPENDITURE	 Burleson Fire Fighters Committee for Respons 5 Payee name Starbucks 7 Payee Address; City; State; Zip 2401 Utah Ave S Ste 800 Seattle, WA 98134 	ible	00067700	
10/02/2023 Amount (\$) 6.12 Expenditure from corporate funds PURPOSE OF	Starbucks7Payee Address;City; State; Zip2401 Utah Ave SSte 800Seattle, WA 98134			
Amount (\$) 6.12 Expenditure from corporate funds PURPOSE OF	7 Payee Address; City; State; Zip 2401 Utah Ave S Ste 800 Seattle, WA 98134			
6.12 Expenditure from corporate funds PURPOSE OF	2401 Utah Ave S Ste 800 Seattle, WA 98134			
Expenditure from corporate funds PURPOSE OF	Ste 800 Seattle, WA 98134			
corporate funds PURPOSE OF	Seattle, WA 98134			
PURPOSE OF				
OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding typ	e of information required
	Food/Beverage Expense	Coffee		e of mornator required.
Date	Payee name			
09/26/2023	Target			
Amount (\$)	Payee Address; City; State; Zip			
27.37	1000 Nicolet Mall			
Expenditure from	Minneapolis, MN 55403			
corporate funds		(b) Description	(See instructions regarding typ	e of information required
OF	Office Overhead/Rental Expense	PAC Class I		o nineritatori equilea
Date	Payee name			
07/13/2023	The District Pub and Kitchen			
Amount (\$)	Payee Address; City; State; Zip			
319.08	1160 Airway Blvd			
Expenditure from	Ste DA			
corporate funds	El Paso, TX 79925	<i>a</i> >		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Drinks	(See instructions regarding typ	e of information required.
Date	Payee name			
09/28/2023	The Marc			
Amount (\$)	Payee Address; City; State; Zip			
27.95	120 E San Antonio St			
Expenditure from				
corporate funds	San Marcos, TX 78666			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Drinks	(See instructions regarding typ	e of information required.

Corpor PUI EXPE Date 09/29, Amour Expen corpor	nt (\$) 26.25 nditure from rate funds RPOSE OF SNDITURE	 5 Payee name The Marc 7 Payee Address; City; State; Zip 120 E San Antonio St San Marcos, TX 78666 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense Payee name The Root Cellar 	(b) Description Drinks	(See instructions regarding type of information required.
Expen corpor PUI EXPE Date 09/29, Amour Expen corpor	26.25 nditure from rate funds RPOSE OF NDITURE 1/2023 nt (\$)	120 E San Antonio St San Marcos, TX 78666 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense Payee name		(See instructions regarding type of information required.
Corpor PUI EXPE Date 09/29, Amour Expen corpor	rate funds RPOSE OF INDITURE 1/2023 nt (\$)	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense Payee name		(See instructions regarding type of information required.
Date 09/29, Amour Expen corpor	OF ENDITURE 1/2023 nt (\$)	Food/Beverage Expense Payee name		(See instructions regarding type of information required.
09/29 Amour Expen corpor	nt (\$)	-		
Amour Expen corpor	nt (\$)	The Root Cellar		
Expen corpor				
corpor		Payee Address; City; State; Zip 215 N LBJ Dr.		
PU	nditure from rate funds	San Marcos, TX 78666		
	RPOSE OF INDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Dinner	(See instructions regarding type of information required.
Date		Payee name		
09/26	6/2023	Twin Peaks		
Amour	nt (\$) 131.62	Payee Address; City; State; Zip 1207 Purple Heart Trl		
	nditure from rate funds	San Marcos, TX 78666		
	RPOSE OF NDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Dinner	(See instructions regarding type of information required.
Date 07/13	2/2023	Payee name UnBranded		
	nt (\$) 140.06 nditure from rate funds	Payee Address; City; State; Zip 318 N. Mesa St Ste R El Paso, TX 79901		
	RPOSE OF INDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description Drinks	(See instructions regarding type of information required.

The Instruction Guide explains how to complete this form.					
Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filer Burleson Fire Fighters Committee for Responsible 00067700				
Date 07/13/2023	5 Payee name Walgreens				
Amount (\$) 142.06 Expenditure from corporate funds	írom				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Travel In District Supplies				
Date 07/13/2023	Payee name Walgreens				
Amount (\$) 37.10 Expenditure from corporate funds	Payee Address;City; State; Zip302 S Oregon StEl Paso, TX 79901				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Drinks Food/Beverage Expense Drinks				