

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) 00016325	2 Total pages filed: 9	
3 COMMITTEE NAME Fort Worth Firefighters Committee For Responsible Government			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/03/2024 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 3855 Tulsa Way Fort Worth, TX 76107-3345			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Morgan NICKNAME LAST SUFFIX Hix			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3855 Tulsa Way Fort Worth, TX 76107			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3855 Tulsa Way Fort Worth, TX 76107			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 944-7784			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 01/26/2024 THROUGH Month Day Year 02/24/2024			
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Fort Worth Firefighters Committee For Responsible Government	13 Filer ID (Ethics Commission Filers) 00016325
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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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 235,386.64
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.

Morgan Hix

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**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Fort Worth Firefighters Committee For Responsible Government		18 Filer ID (Ethics Commission Filers) 00016325
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,813.64
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/20/2024	5 Payee name COLLIER, NICOLE (Rep.)	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 101 S. Jennings Suite 103A Fort Worth, TX 76104	
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 Campaign 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: 1/5 Rpt: 5/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/06/2024	5 Payee name Cafe Republic	
6 Amount (\$) 47.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 8640 N Beach St Fort Worth, TX 76244	
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.) Lunch Expense
Date 02/15/2024	Payee name Crow, Calab (Mr.)	
Amount (\$) 2,096.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1910 6th Ave Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Wages
Date 02/15/2024	Payee name DEDRICK, SHERMAN (Mr.)	
Amount (\$) 849.02 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4505 Fox Rio Trail Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) WAGES
Date 02/15/2024	Payee name Daugherty, Thomas Clay (Mr.)	
Amount (\$) 740.74 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1662 Holland Lake Dr., #12205 Weatherford, TX 76086	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) LABOR

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 2/5 Rpt: 6/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/07/2024	5 Payee name Dickies Arena	
6 Amount (\$) 578.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1911 Montgomery St. Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Concert Tickets
Date 02/14/2024	Payee name Dickies Arena	
Amount (\$) 543.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1911 Montgomery St. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Concert Tickets
Date 02/15/2024	Payee name Dickies Arena	
Amount (\$) 658.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1911 Montgomery St. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Concert Tickets
Date 02/22/2024	Payee name Dickies Arena	
Amount (\$) 1,258.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1911 Montgomery St. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Concert Tickets

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/5 Rpt: 7/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/15/2024	5 Payee name Gonzales, James (Mr.)	
6 Amount (\$) 448.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 421 Ridgecrest Dr Saginaw, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) LABOR
Date 02/15/2024	Payee name HANETHO, NICK (Mr.)	
Amount (\$) 2,065.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7070 TERRA MEADOW LANE #520 FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) WAGES
Date 02/15/2024	Payee name HANETHO, NICK (Mr.)	
Amount (\$) 1,321.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7070 TERRA MEADOW LANE #520 FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) WAGES
Date 02/15/2024	Payee name HANETHO, NICK (Mr.)	
Amount (\$) 677.81 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7070 TERRA MEADOW LANE #520 FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) LABOR

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/5 Rpt: 8/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/15/2024	5 Payee name HIX, JAMES	
6 Amount (\$) 599.16 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4216 WHITFIELD AVE Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) LABOR
Date 02/14/2024	Payee name Internal Revenue Service	
Amount (\$) 1,610.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 660351 DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Taxes
Date 02/15/2024	Payee name Internal Revenue Service	
Amount (\$) 2,133.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 660351 DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Taxes
Date 02/20/2024	Payee name LEUKEMIA AND LYMPHOMA SOCIETY	
Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3 International Drive Reckson Executive Park Rye Brook, NY 10573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Charitable contribution

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt: 9/9	2 FILER NAME Fort Worth Firefighters Committee For Responsible	3 Filer ID (Ethics Commission Filers) 00016325
4 Date 02/15/2024	5 Payee name Quick Books Online	
6 Amount (\$) 105.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO BOX 660351 DALLAS, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SUBSCRIPTION FEE
Date 02/12/2024	Payee name UBER EATS	
Amount (\$) 32.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET STREET #400 SAN FRANCISCO, CA 94103	
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 Expense
Date 02/13/2024	Payee name UBER EATS	
Amount (\$) 48.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET STREET #400 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food Expense