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** 07/05/2024 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 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 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			13 Filer ID	(Ethics Commission Filers)
Corpus Christi Fire Fig	hters 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,513.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	153,309.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Samue	el Morroquin	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 15

					3 of 15
17 COMN	ITTEE NAME		18 Filer ID	(Ethics Commiss	ion Filers)
Corpu	s Christi Fire Fighters COPE		00017347		
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL	AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL C	ONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIN	D) POLITICAL CONTRIBUTIONS		\$	11,513.46
3.	SCHEDULE B: PLEDGED CONTRIBUTION	IS		\$	44,054.00
4.	SCHEDULE C1: MONETARY CONTRIBUT ORGANIZATION	IONS FROM CORPORATION OR LABO)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIN LABOR ORGANIZATION	D) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FI	ROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9.	SCHEDULE E: LOANS			\$	0.00
10.	SCHEDULE F1: POLITICAL EXPENDITUR	ES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00
11.	SCHEDULE F2: UNPAID INCURRED OBLI	GATIONS		\$	0.00
12.	SCHEDULE F3: PURCHASE OF INVESTM	ENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	SCHEDULE F4: EXPENDITURES MADE B	Y CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITION	JRES FROM POLITICAL CONTRIBUTION	ONS	\$	23,283.76
15.	SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	S, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	
				<u> </u>	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	The Instruction Guide explains how to complete this form.			nedule A2: 4/15
2 FILER NAME Corpus Chri	isti Fire Fighters COPE		3 Filer ID (Ethic 00017347	s Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 01/24/2024	out of state 1776 (ibin.		contribution (\$) \$2,952.47	9 In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)
	Corpus Christi, TX 78415			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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/29/2024	Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code		Amount of contribution (\$) \$936.33	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)
	Corpus Christi, TX 78415		Check if travel of	I I outside of Texas. Complete Schedule T.
Principal occı	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 contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/29/2024	Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$3,414.25	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)
D :	Corpus Christi, TX 78415	5 / (505 NON		outside of Texas. Complete Schedule T.
Principal occi	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 contributo	or'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 Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/15		
2 FILER NAMI Corpus Ch	E risti Fire Fighters COPE		3 Filer ID (Ethics Commission Filer 00017347	rs)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 04/30/2024	7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) 9 In-kind contribution (\$) description \$1,194.97 Deposit-Product (Tees, Caps, De	Sales
	Corpus Christi, TX 78415	<u> </u>	Check if travel outside of Texas. Complete	te Schedule T.
10 Principal occ	cupation / 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 contributo	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 05/31/2024	Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code		Amount of In-kind contribution (\$) description \$773.10 Deposit-Product (Tees, Caps, De	Sales
	Corpus Christi, TX 78415		Check if travel outside of Texas. Complet	te Schedule T.
Principal occ	cupation / 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 contributo	r's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date O6/28/2024 Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code			Amount of In-kind contribution (\$) description \$2,242.34 Deposit-Product (Tees, Caps, De	Sales
	Corpus Christi, TX 78415		Check if travel outside of Texas. Complet	te Schedule T.
Principal occ	cupation / 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 contribute	r's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEDO	GED CONTRIBUTIONS				SCHEDULE B
The	The Instruction Guide explains how to complete this form.				dule B: 15
2 FILER NAM Corpus Ch	IE risti Fire Fighters COPE		3	Filer ID (Ethi	ics Commission Filers)
4 TOTAL C	F UNITEMIZED PLEDGES			\$	0.00
5 Date 01/05/2024	6 Full name of pledgorout-of-state PAC (ID#: Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$) \$3,472.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415		╽┌	Check if travel outs	I I ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instru	ıctio		
5 Date 01/19/2024	6 Full name of pledgorout-of-state PAC (ID#: Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$) \$3,472.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
10 Principal oc	Corpus Christi, TX 78415 cupation / Job title (See Instructions)	11 Family on (Con Inches	<u> </u>		ide of Texas. Complete Schedule T.
TO Fincipal oc	cupation / Job title (See Instituctions)	11 Employer (See Instru	ictio	1115)	
5 Date 02/05/2024	6 Full name of pledgorout-of-state PAC (ID#: Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$) \$3,395.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instru	ıctio	ns)	
5 Date 02/16/2024	6 Full name of pledgorout-of-state PAC (ID#: Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$) \$3,405.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instru	ıctio	ns)	

PLEDG	SED CONTRIBUTION	JN5			SCHEDULE B
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Sched Sch: 2/4 Rpt: 7/	
2 FILER NAMI Corpus Chr	Priler Name Corpus Christi Fire Fighters COPE			3 Filer ID (Ethi 00017347	ics Commission Filers)
4 TOTAL O	4 TOTAL OF UNITEMIZED PLEDGES		\$	0.00	
5 Date 03/01/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,380.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)	
5 Date 03/15/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,380.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)	
5 Date 03/29/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; Corpus Christi, TX 78415			8 Amount of pledge (\$) \$3,380.00	Membership Contributions
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	Check if travel outside of Texas. Complete Schedule T. uctions)	
				,	
5 Date 04/12/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,380.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	l i ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	uctions)	

PLEDO	JED CONTRIBUTION	JNS			SCHEDULE B
The	Instruction Guide explair	ns how to comple	te this form.	1 Total pages Scher Sch: 3/4 Rpt: 8/	
	Price Pighters COPE Corpus Christi Fire Fighters COPE			3 Filer ID (Eth 00017347	nics Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00
5 Date 04/26/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; C			8 Amount of pledge (\$) \$3,380.00	9 In-kind description (If applicable) Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	is)	11 Employer (See Instru	ictions)	
5 Date 05/10/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; Co			8 Amount of pledge (\$) \$3,360.00	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	ıs)	11 Employer (See Instru	ictions)	
5 Date 05/24/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; C Corpus Christi, TX 78415	City; State; Zip Code		8 Amount of pledge (\$) \$3,360.00	In-kind description (If applicable) Deposit-COPE Membership Contributions I
10 Principal occ	cupation / Job title (See Instruction		11 Employer (See Instru	<u> </u>	
			·		
5 Date 06/21/2024	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,330.00	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	is)	11 Employer (See Instru	uctions)	

(GED CONTRIBUTIONS				SCHEDULE B
The	e Instruction Guide explains how to comple	te this form.	1	Total pages Scheo Sch: 4/4 Rpt: 9/	
2 FILER NAM	 1E		3		cs Commission Filers)
Corpus Christi Fire Fighters COPE				00017347	
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8	Amount of	9 In-kind description
	Corpus Christi Firefighters Association		l	pledge (\$)	(If applicable)
06/07/2024	7 Pledgor Address; City; State; Zip Code			\$3,360.00	Deposit-COPE Membership Contributions
	Corpus Christi, TX 78415		[Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instru	ıctio	ons)	

	LOANS					SCHEDU	LE E
	The Instruction	on Guide explains hov	v to complete this f	orm.	1	ages Schedule E: 1 Rpt: 10/15	
2	FILER NAME Corpus Christi Fire Fighters COPE				3 Filer ID 000173	(Ethics Commission 347	Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (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 Instructions	5)	13 Employer (See Instructions	5)	•	
14	Description of Coll None	lateral		15 Check if personal funds we	ere deposited	d 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	on		21 Employer (See Instructions	5)		

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I: Sch: 1/5 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347	
4 Date 02/07/2024	5 Payee name 4T Customs Threads		
6 Amount (\$) 1,039.20 Expenditure from	7 Payee Address; City; State; Zip 6214 Maximus Drive		
corporate funds	Corpus Christi, TX 78414		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	
Date 05/07/2024	Payee name 4T Customs Threads		
Amount (\$) 469.94 Expenditure from corporate funds	Payee Address; City; State; Zip 6214 Maximus Drive Corpus Christi, TX 78414		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	
Date	Payee name		
05/21/2024 Amount (\$)	4T Customs Threads Payee Address; City; State; Zip		
5,022.08	6214 Maximus Drive		
Expenditure from corporate funds	Corpus Christi, TX 78414		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	
Date 06/24/2024	Payee name 4T Customs Threads		
Amount (\$) 1,500.00 Expenditure from corporate funds	Payee Address; City; State; Zip 6214 Maximus Drive Corpus Christi, TX 78414		
PURPOSE OF EXPENDITURE	<u> </u>	(b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 2/5 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347		
4 Date	5 Payee name			
03/08/2024	Buys, Eric			
6 Amount (\$)	7 Payee Address; City; State; Zip			
240.00	3010 Besterio			
Expenditure from corporate funds	Corpus Christi, TX 78415			
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.) Prep and Organize Supplies for 2024 General Election.		
Date	Payee name			
02/01/2024	Caceres, Art (Mr.)			
Amount (\$)	Payee Address; City; State; Zip			
65.00	5713 Bonner			
Expenditure from	Corpus Christi TV 79412			
corporate funds	Corpus Christi, TX 78412	(In) D (Con instructions regarding the of information required)		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(See instructions regarding type of information required.) Expense-Firefighter Day at the Capital		
EXPENDITURE	Event Expense	Expense-i relighter bay at the capital		
Date	Payee name			
06/21/2024	Capital One Visa			
Amount (\$)	Payee Address; City; State; Zip			
439.57	PO Box 60519			
Expenditure from	0.000			
corporate funds	City of Industry, CA 91716	Tax		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	() 2000		
EXPENDITURE	Event Expense	Hotel for Firefighter Day at the Capital.		
Date	Payee name			
02/01/2024	Deleon, Chris			
Amount (\$)	Payee Address; City; State; Zip			
265.00	5302 Javelina			
Expenditure from	0 Ol TV 70440			
corporate funds	Corpus Christi, TX 78413	Tax		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(See instructions regarding type of information required.) Expense-Firefighter Day at the Capital		
EXPENDITURE	Event Expense	Expense-Firelighter Day at the Capital		

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/5 Rpt:	Corpus Christi Fire Fighters COPE	00017347			
4 Date	5 Payee name	<u> </u>			
02/01/2024	Garcia, Santiago				
	-				
6 Amount (\$)	7 Payee Address; City; State; Zip				
265.00	8129 Barrogate Dr.				
Expenditure from	Corpus Christi, TX 78410				
corporate funds	·				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	l ·			
EXPENDITURE	Event Expense	Expense-Firefighter Day at the Capital			
Date	Payee name				
03/25/2024	Garza, Brian				
Amount (\$)	Payee Address; City; State; Zip				
600.00	7210 Nuss				
600.00					
Expenditure from corporate funds	Corpus Christi, TX 78414				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
OF	Gift/Awards/Memorials Expense	Purchase-(Tees, Caps, Decals)			
EXPENDITURE	·	,			
Date	Payee name				
03/11/2024	Marroquin, Lisa				
Amount (\$)	Payee Address; City; State; Zip				
	4306 Yucatan				
60.00	4500 Tucalan				
Expenditure from	Corpus Christi, TX 78411				
corporate funds		(A) - (A)			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Salaries/Wages/Cornilact Labor	Prep and Organize Supplies for 2024 General Election.			
		Licotoff.			
Date	Payee name				
03/11/2024	Marroquin, Sam				
Amount (\$)	Payee Address; City; State; Zip				
210.00	4306 Yucatan				
Expenditure from					
corporate funds	Corpus Christi, TX 78411				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
OF	Salaries/Wages/Contract Labor	Prep and Organize Supplies for 2024 General			
EXPENDITURE		Election.			
	1				

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: Sch: 4/5 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE 3 Filer ID (Ethics Commission Filers) 00017347		
4 Date 03/25/2024	5 Payee name Oregon State Fire Fighters		
6 Amount (\$) 250.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1880 Greenroad Road Independence, OR 97351-9622		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)		
Date 03/08/2024	Payee name Pena, Robert		
Amount (\$) 450.00 Expenditure from corporate funds	Payee Address; City; State; Zip 5057 Cascade Dr. Corpus Christi, TX 78413		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor Prep and Organize Supplies for 2024 General Election.		
Date 03/11/2024	Payee name Pena, Robert		
03/11/2024 Amount (\$)	Payee Address; City; State; Zip		
210.00	5057 Cascade Dr.		
Expenditure from corporate funds	Corpus Christi, TX 78413		
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.) Prep and Organize Supplies for 2024 General Election.		
Date	Payee name		
03/08/2024	Sayles, Bryan		
Amount (\$)	Payee Address; City; State; Zip 2325 Nautical Wind Dr.		
240.00 Expenditure from corporate funds	Corpus Christi, TX 78414		
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.) Prep and Organize Supplies for 2024 General Election.		

The Instruction Guide explains how to complete this form.			
Total pages Schedule I: Sch: 5/5 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347	
4 Date	5 Payee name		
02/19/2024	Shirts or Skins		
6 Amount (\$)	7 Payee Address; City; State; Zip		
3,025.57	3901 W.O.W.		
Expenditure from corporate funds	Corpus Christi, TX 78413		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	
Date	Payee name		
03/21/2024	Shirts or Skins		
Amount (\$)	Payee Address; City; State; Zip		
1,987.20	3901 W.O.W.		
Expenditure from			
corporate funds	Corpus Christi, TX 78413		
PURPOSE OF		b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Gift/Awards/Memorials Expense	Purchase-(Tees, Caps, Decals)	
Date	Payee name		
05/07/2024	Shirts or Skins		
Amount (\$)	Payee Address; City; State; Zip		
2,900.20	3901 W.O.W.		
Expenditure from	0 01 : 1: 7: 70 40		
corporate funds	Corpus Christi, TX 78413	,	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (I Gift/Awards/Memorials Expense	b) Description (See instructions regarding type of information required.)	
EXPENDITURE	GlivAwards/Wellonials Expense	Purchase-(Tees, Caps, Decals)	
Date	Payee name		
06/10/2024	Shirts or Skins		
Amount (\$)	Payee Address; City; State; Zip		
4,045.00	3901 W.O.W.		
Expenditure from	0 01 : 1: 7: 70 40		
corporate funds	Corpus Christi, TX 78413		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (I Gift/Awards/Memorials Expense	b) Description (See instructions regarding type of information required.) Purchase-(Tees, Caps, Decals)	
EXPENDITURE	Citar (wards/Wichionals Expense	ruichase-(rees, Caps, Decais)	