

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) 00080704	2 Total pages filed: 28
3 COMMITTEE NAME Mission Fire Fighters Committee for Responsible Gov		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 1284		
	Mission, TX 78572		
	Receipt # Amount		
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	
	Mr. Michael E.		
		NICKNAME LAST	SUFFIX
		Silva	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2118 E. 27th St. Mission, TX 78574		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2118 E. 27th St. Mission, TX 78574		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(956) 467-9465		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" 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	Month Day Year	
	01/01/2024	THROUGH	06/30/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Mission Fire Fighters Committee for Responsible Gov	13 Filer ID (Ethics Commission Filers) 00080704
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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)	\$ 12,140.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,077.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,961.16
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. Michael E. Silva

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 Mission Fire Fighters Committee for Responsible Gov		18 Filer ID (Ethics Commission Filers) 00080704
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,140.00
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	\$ 11,077.46
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abila, Adrain <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Oscar <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Randy <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Paul <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Frank <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaires, Frank	7 Amount of Contribution (\$) \$325.00
6 Contributor address; City; State; Zip Code Mission , TX 78572		
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Randy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Manuel	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De la Garza, Guillermo	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Mauricio	Amount of Contribution (\$) \$260.00
Contributor address; City; State; Zip Code Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Javier <hr/> 6 Contributor address; City; State; Zip Code Mission , TX 78573	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Joey <hr/> Contributor address; City; State; Zip Code Mission , TX 78573	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Frank <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Juan <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Leroy <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Pilar <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$325.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rudy <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Alonzo <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alex <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granados, Alex <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Frank <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Beto <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavoie, Evan <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Roy <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerma, Andres <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Justin <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$130.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Danny <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Eric <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Robert <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loredo, Jessica <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loza, Joey <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo , Alex <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Robert <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Gilbert <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarrete, Chris <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Rudy	7 Amount of Contribution (\$) \$325.00
6 Contributor address; City; State; Zip Code Mission, TX 78573		
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Desi	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osornio, Blas	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joey	Amount of Contribution (\$) \$260.00
Contributor address; City; State; Zip Code Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Mark	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna , Carlissa	7 Amount of Contribution (\$) \$260.00
	6 Contributor address; City; State; Zip Code Mission , TX 78572	
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Esquiél	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales , Mauricio	Amount of Contribution (\$) \$260.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Joel	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code Mission , TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Homer	Amount of Contribution (\$) \$130.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Jorge <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Omar <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Brian <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Michael <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-3612	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Rick <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino , Tony	7 Amount of Contribution (\$) \$325.00
6 Contributor address; City; State; Zip Code Mission , TX 78572		
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalon, Robert	Amount of Contribution (\$) \$260.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Arturo	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Juan	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Douglas	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 15/28

2 FILER NAME
Mission Fire Fighters Committee for Responsible Gov

3 Filer ID (Ethics Commission Filers)
00080704

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: 16/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
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)

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: 1/12 Rpt: 17/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
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4 Date 01/02/2024	5 Payee name 7-11
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6 Amount (\$) \$72.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2401 E GRIFFIN PKWY MISSION , TX 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel to Brownsville to meet with reps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name 7-11
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Amount (\$) \$85.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2401 E GRIFFIN PKWY MISSION , TX 78572
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) travel back from Legislative conference	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name Blacks BBQ
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Amount (\$) \$88.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 936 TX-337 New Braunfels, TX 78130
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Legislative Conference
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/12 Rpt: 18/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 03/11/2024	5 Payee name Buffalo Wings & rings	
6 Amount (\$) \$80.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 907 S Shary rd Mission , TX 78574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Mission Fire fighters
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Chic Fil A	
Amount (\$) \$213.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2501 E Expressway Mission, TX 78574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Union Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Courtyard Marriott	
Amount (\$) \$712.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 750 I 35 N Frontage Rd New Branfels , TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for Legislative conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 3/12 Rpt: 19/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
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4 Date 06/12/2024	5 Payee name Delta Air
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6 Amount (\$) \$396.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1030 Delta Atlanta , GA 30354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air Travel to TSAFF board meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Exclusive Designs
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2403 E Griffin Pkwy Mission , TX 78574
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC gifts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/11/2024	Payee name Floyds
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Amount (\$) \$248.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2290 I-10 Beaumont , TX 77707
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch while at TSAFF political training
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 4/12 Rpt: 20/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/03/2024	5 Payee name Gamez , Erin (Rep.)	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 777 E Harrison Brownsville , TX 78520	
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 Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2024	Payee name Gerlach , Marissa (Commissioner)	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1207 Encanto Blvd Mission , TX 78574	
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 Skeet Shoot fundraiser event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2024	Payee name Hayashi Hibachi	
Amount (\$) \$250.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5600 N. 10th Mcallen , TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Mission fire fighters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 5/12 Rpt: 21/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 04/15/2024	5 Payee name J Wilsons	
6 Amount (\$) \$73.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4190 Gladys Ave beaumont , TX 77707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner TSAFF political training
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name Kumori Sushi	
Amount (\$) \$73.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3300 W Express Mcallen , TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting with Mission Fire fighters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2024	Payee name La Cosecha	
Amount (\$) \$91.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 505n Business IH 35 New Branfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with mission Fire fighters/ Legislative conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 6/12 Rpt: 22/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 04/24/2024	5 Payee name La Costa Grill	
6 Amount (\$) \$195.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3300 Expressway 83 McAllen , TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with TSAFF A Alvarado, Mission Firefighters, DSFR Leo Mendoza, and State rep Longoria and
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name La Fogata	
Amount (\$) \$231.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 300 N Shary Mission , TX 78574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with State Rep Longoria and Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2024	Payee name La Fogata	
Amount (\$) \$212.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 300 N Shary Mission , TX 78574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Rep. Longoria staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 7/12 Rpt: 23/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
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4 Date 05/08/2024	5 Payee name LaMantia , Morgan (Sen.)
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1324 E Madison Brownsville , TX 78520
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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 Contribution for fundraiser golf tournament
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2024	Payee name LaMantia , Morgan (Sen.)
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E Madison Brownsville , TX 78520
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/26/2024	Payee name Mr. Stich
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3403 N Ware Rd Mcallen , TX 78501
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidery
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 8/12 Rpt: 24/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 02/07/2024	5 Payee name Myrons Steakhouse	
6 Amount (\$) \$243.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 136 castell New Branfels , TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner Legislative conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Office Depot	
Amount (\$) \$80.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2509 E Expressway Mission , TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies and office ink
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name PF Changs	
Amount (\$) \$199.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3100 Expressway 83 Mcallen , TX 78503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with State Rep. Longoria and staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 9/12 Rpt: 25/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 01/02/2024	5 Payee name PNC	
6 Amount (\$) \$12.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2402 E Griffin pkwy Mission, TX 78574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Statement Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2024	Candidate/Officeholder name Payee name PNC	
Amount (\$) \$14.50 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 2402 E Griffin pkwy Mission, TX 78574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Statement fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2024	Candidate/Officeholder name Payee name Palenque Grill	
Amount (\$) \$104.40 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 606 E expressway 83 Mcallen, TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with TSAFF DVP Alvarado and Mission fire fighters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 10/12 Rpt: 26/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
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4 Date 02/05/2024	5 Payee name Pilot
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6 Amount (\$) \$58.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1045 S US 83 Falfurias , TX 78355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel to new Braunfels for Legislative conference	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name QT
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Amount (\$) \$69.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4142 S Loop 1604 E, San Antonio, San Antonio, TX 78264
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) travel for legislative conference	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Rudys
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Amount (\$) \$55.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15560 Interstate 35 Selma, TX 78154
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch during legislative conference
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 11/12 Rpt: 27/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/17/2024	5 Payee name Stripes	
6 Amount (\$) \$74.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2401 E Griffin Pkwy Mission , TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2024	Payee name Sunoco	
Amount (\$) \$103.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1180 E Alton Glor Brownsville , TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel to Brownsville to meet with reps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2024	Payee name Tropical Smoothie	
Amount (\$) \$24.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 801 N Shary Rd Mission , TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 12/12 Rpt: 28/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/02/2024	5 Payee name Tropical Smoothie	
6 Amount (\$) \$26.09 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 801 N Shary Rd Mission , TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2024	Payee name Twin Peaks	
Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3805 I-10 S Beaumont , TX 77707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch TSAFF Political training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2024	Payee name Twin Peaks	
Amount (\$) \$211.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 901 Interstate Hwy 2 Mcallen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with TSAFF DVP & DSFR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held