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** 10/26/2024 4 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 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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 Fighters COPE			
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Ben Molina City of Corpus Chi	risti Council-Di	istrict 2
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and local of election and nature of is)			
	B. Opposed		
Officeholders Assisted (Identify by name or, if applicable, classify by part	y.)		
TOTALS PLEDGES, LOA CONTRIBUTION X check here if this re	IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS, OR GUARANTEES OF LOANS, OR IS MADE ELECTRONICALLY) Sport qualifies for the higher itemization threshold	\$	0.00
	ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,706.93
EXPENDITURE 3. TOTAL UNITEM TOTALS	IZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLIT	ICAL EXPENDITURES	\$	39,343.00
CONTRIBUTION 5. TOTAL POLITIC OF THE REPOR	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST ITING PERIOD	DAY \$	89,479.50
	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		<u>'</u>	
	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 Cal	mpaign Treasur	er
AFFIX NOTARY STAMP / SEAL ABC	VE		
Sworn to and subscribed before me, by the sa	id, th	nis the	day
of, 20, to ce	tify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
				13 FIIEL ID (Ettiles commission rilers)
Corpus Christi Fire Figh	ters COPE			00017347
COMMITTEE	Candidates (Identify by name or, if		Carolyn Vaughn City of Corpus	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE	1. Candidates	A. Supported	Jahvid Motaghi City of Corpus (Christi Council-At Large
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rachel Caballero City of Corpus	s Christi Council-At Large
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 4. COMMITTEE (Identify by name or, if applicable, classify by party.) 5. COMMITTEE (Identify by name or, if applicable, classify by party.) 6. COMMITTEE (Identify by name or, if applicable, classify by party.) 7. COMMITTEE (Identify by name or, if applicable, classify by party.) 8. COMMITTEE (Identify by name or, if applicable, classify by party.) 9. COMMITTEE (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 1. Candidates (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable of election and location of election and loca	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and beaton and neuture of Issae) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (dentity by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of Issae) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed B. Opposed

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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	1 age 1 61 26
IMITTEE NAME	13 Filer ID (Ethics Commission Filers)
ous Christi Fire Fighters COPE	00017347
MMITTEE 1. Candid (Identify by na applicable, cla	Supported Eric Cantu City of Corpus Christi Council-District 3
nch lists on plain er to complete this rt if necessary.)	Opposed
Measur (Describe by olocation of ele- nature of issue	Supported
	Opposed
3. Officeh Assiste (Identify by na applicable, cla	
MMITTEE 1. Candid	Supported Everett Roy City of Corpus Christi Council-District 1
IVITY (Identify by na applicable, cla	Everett Noy City of Corpus Chinsti Council-District 1
nch lists on plain or to complete this ort if necessary.)	Opposed
Measur (Describe by conception of elementure of issue conception)	Supported
	Opposed
3. Officeh Assiste (Identify by na applicable, cla	
MMITTEE 1. Candid IVITY (Identify by na applicable, cla	Supported
ch lists on plain er to complete this rt if necessary.)	Opposed
2. Measur (Describe by o location of ele nature of issue	Supported
	Opposed
3. Officeh Assiste (Identify by na applicable, cla	Paulette Guajardo City of Corpus Christi Council-Mayor
2. Measur (Describe by olocation of elenature of issue) 3. Officeh Assiste (Identify by na	Opposed

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers	$\overline{}$
				13 Hel ID (Ethics Commission Files	s)
Corpus Christi Fire Figh	ters COPE			00017347	
COMMITTEE	Candidates (Identify by name or, if		May Nardone City of Corpo		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Gil Hernandez City of Corr	us Christi Council-District 5	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Roland Barrera City of Cor	pus Christi Council-At Large	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			_
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain caper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain caper to complete this eport if necessary.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Committee (Identify by name or, if applicable, classify by party.) 9. Measures (Describe by date and location of election and nature of issue.) 1. Candidates (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported B. Opposed B. Opposed	A. Supported May Nardone City of Corp. Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 4. Supported B. Opposed B. Opposed	Committee Comm

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 6 of 23

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17 CO	MMITTI	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
Corpus Christi Fire Fighters COPE 00017347					
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,706.93
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	9,760.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM 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.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	39,343.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00	
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	34,401.43	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/23 3 Filer ID (Ethics Commission Filers) FILER NAME Corpus Christi Fire Fighters COPE 00017347 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 8 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/18/2024 Corpus Christi Firefighters Association \$1,053.81 | Deposit-Product Sales 7 Contributor address; City; State; Zip Code (Tees, Caps, Decals...) Corpus Christi, TX 78415 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / 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) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 10/25/2024 Corpus Christi Firefighters Association \$653.12 | Deposit-Product Sales Contributor address; City; State; Zip Code (Tees, Caps, Decals...) Corpus Christi, TX 78415 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDO	GED CONTRIBUT	IONS			SCHEDULE B
The	The Instruction Guide explains how to complete this form.				dule B: /23
2 FILER NAM Corpus Ch	IE risti Fire Fighters COPE			3 Filer ID (Eth 00017347	ics Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGE	:S		\$	0.00
5 Date	6 Full name of pledgor Corpus Christi Firefighte 7 Pledgor Address;			8 Amount of pledge (\$) \$3,260.00	In-kind description (If applicable) Deposit-Membership
09/27/2024				_	Contributions
10 Principal oc	Corpus Christi, TX 7841 cupation / Job title (See Instruction		11 Employer (See Instru	<u> </u>	ide of Texas. Complete Schedule T.
5 Date 10/14/2024	6 Full name of pledgor Corpus Christi Firefighte 7 Pledgor Address;	out-of-state PAC (ID#: ers Association City; State; Zip Code		8 Amount of pledge (\$) \$3,260.00	9 In-kind description (If applicable) Deposit-Membership Contributions
10 Principal oc	Corpus Christi, TX 7841 cupation / Job title (See Instruction		11 Employer (See Instru	<u> </u>	I I side of Texas. Complete Schedule T.
5 Date 10/25/2024	6 Full name of pledgor Corpus Christi Firefighte 7 Pledgor Address;			8 Amount of pledge (\$) \$3,240.00	In-kind description (If applicable) Deposit-Membership Contributions
10/20/2024	Corpus Christi, TX 7841	.5		Check if travel outs	I I I side of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructi	ons)	11 Employer (See Instru	ictions)	

l	LOANS					SCHEDUL	E E
-	The Instruction	on Guide explains ho	w to complete this f	orm.	1	iges Schedule E: 1 Rpt: 9/23	
	FILER NAME Corpus Christi F	ire Fighters COPE			3 Filer ID 000173	(Ethics Commission Fi	ilers)
4 _	TOTAL OF UN	IITEMIZED LOANS			I	\$	0.00
5 [Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
f	s lender a financial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 F	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instruction:	s)		
14 [Description of Coll	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 F	Principal occupation	on		21 Employer (See Instruction:	s)		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/4 Rpt: 10/23	Corpus Christi Fire Fighters COPE 00017347	
4 Date	5 Payee name	
10/09/2024	Barrera, Roland	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	807 N. Upper Broadway, #102	
Expenditure from corporate funds	Corpus Christi, TX 78401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/09/2024	Caballero, Rachel	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	522 Hancock, #203	
Expenditure from		
corporate funds	Corpus Christi, TX 78404	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Dete		_
Date	Payee name	
10/09/2024	Cantu, Eric	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	PO Box 60871	
Expenditure from		
corporate funds	Corpus Christi, TX 78466	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
Sch: 2/4 Rpt: 11/23	Corpus Christi Fire Fighters COPE 00017347	
4 Date	5 Payee name	
10/09/2024	Guajardo, Paulette (Ms.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7,500.00	P.O. Box 2601	
Expenditure from		
corporate funds	Corpus Christi, TX 78403	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV officeholder living purposes	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
	Tollical Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
10/09/2024	Hernandez, Gil	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	4414 Lake Superior Dr.	
Expenditure from corporate funds	Corpus Christi, TX 78413	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Political Contribution	
Operation ONE Vitalian at	Out distant (Office health a group of the seconds)	_
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Data		_
Date	Payee name	
10/09/2024	Molina, Ben (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	2501 S. Padre Island Dr.	
Expenditure from	0 0 70 70 45	
corporate funds	Corpus Christi, TX 78415	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
	Tollada Solialidadoli	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4 7 . 1	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/4 Rpt: 12/23	Corpus Christi Fire Fighters COPE 00017347
4 Date	5 Payee name
10/09/2024	Motaghi, Jahvid
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	3536 S. Padre Island Dr.
Expenditure from corporate funds	Corpus Christi, TX 78415
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/09/2024	Nardone, May
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	14493 S. Padre Island Dr., #A
Expenditure from corporate funds	Corpus Christi, TX 78418
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	- Character Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
10/09/2024	Payee name Roy, Everett
	-
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	14626 Red River Dr.
Expenditure from	
corporate funds	Corpus Christi, TX 78410
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LIBITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
- '' ''	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 13/23	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	
10/09/2024	Vaughn, Carloyn	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$343.00	PO Box 261025	
- Evpanditura from		
Expenditure from corporate funds	Corpus Christi, TX 78426	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	- Contributions/Donations Made By	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Political Con	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	OH .	

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I: Sch: 1/10 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347	
3cii. 1/10 κρι. 4 Date	5 Payee name	00017347	
10/03/2024	Amaro, David		
6 Amount (\$)	7 Payee Address; City; State; Zip 1517 Case Grande		
210.00	1517 Case Grande		
Expenditure from corporate funds	Corpus Christi, TX 78411		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates	
Date	Payee name		
10/21/2024	Amaro, David		
Amount (\$)	Payee Address; City; State; Zip		
610.00	1517 Case Grande		
Expenditure from			
corporate funds	Corpus Christi, TX 78411		
PURPOSE		(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
Date	Payee name		
10/26/2024	Amaro, David		
Amount (\$)	Payee Address; City; State; Zip		
	1517 Case Grande		
280.00	1317 Case Grande		
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 EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
EXPENDITURE			
Date	Payee name		
10/21/2024	Amaro, Eva		
Amount (\$)	Payee Address; City; State; Zip		
210.00	1517 Case Grande		
Expenditure from			
corporate funds	Corpus Christi, TX 78411		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)		
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
	1		

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	-
10/21/2024	Arnold, Heather	
6 Amount (\$)	7 Payee Address; City; State; Zip	
210.00	327 Melrose	
Expenditure from		
corporate funds	Corpus Christi, TX 78404	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/21/2024	Arnold, Jack	
Amount (\$)	Payee Address; City; State; Zip	
` '	327 Melrose	
400.00	327 Wellose	
Expenditure from corporate funds	Corpus Christi, TX 78404	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
EXPENDITORE		
Date	Payee name	
10/21/2024	Atkinson, Arnold J.	
Amount (\$)	Payee Address; City; State; Zip	
210.00	8014 Mitra	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	1
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/21/2024	Atkinson, Buddy	
Amount (\$)	Payee Address; City; State; Zip	
400.00	8014 Mitra Pkwy	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates

SCHEDULE |

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	•
10/26/2024	Atkinson, Buddy	
6 Amount (\$)	7 Payee Address; City; State; Zip	
490.00	8014 Mitra Pkwy	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/19/2024	Buys, Eric	
Amount (\$)	Payee Address; City; State; Zip	
70.00	3010 Besterio	
Expenditure from		
corporate funds	Corpus Christi, TX 78415	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates
Date	Payee name	
10/03/2024	Caceres, Art	
Amount (\$)	Payee Address; City; State; Zip	
175.00	5713 Bonner	
Expenditure from		
corporate funds	Corpus Christi, TX 78412	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates
Date	Payee name	<u> </u>
10/09/2024	Caceres, Art	
Amount (\$)	Payee Address; City; State; Zip	
140.00	5713 Bonner	
Expenditure from		
corporate funds	Corpus Christi, TX 78412	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates
	<u> </u>	

SCHEDULE |

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 4/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347	
4 Date	5 Payee name	•	
10/21/2024	Caceres, Art		
6 Amount (\$)	7 Payee Address; City; State; Zip		
1,375.00	5713 Bonner		
Expenditure from corporate funds	Corpus Christi, TX 78412		
8 PURPOSE		(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
_/			
Date	Payee name		
10/21/2024	Campos, Hector		
Amount (\$)	Payee Address; City; State; Zip		
450.00	6126 Queen Jane		
Expenditure from corporate funds	Corpus Christi, TX 78414		
PURPOSE	·	(b) Description (See instructions regarding type of information required.)	
OF	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
EXPENDITURE			
Date	Payee name		
10/26/2024	Campos, Hector		
Amount (\$)	Payee Address; City; State; Zip		
245.00	6126 Queen Jane		
Expenditure from	Corpus Christi TV 79414		
corporate funds	Corpus Christi, TX 78414 (a) Category (See instructions for examples of acceptable categories)	(Socientialized (Socientialized regarding type of information required)	
PURPOSE OF	Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates	
EXPENDITURE		1 osung digits for dity countries candidates	
Date	Payee name		
10/21/2024	Carlucci, Gregory		
Amount (\$)	Payee Address; City; State; Zip		
400.00	3569 CR 48		
Expenditure from			
corporate funds	Robstown, TX 78380		
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/Contract Labor	Posting Signs for City Council Candidates	
	<u> </u>		

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	
10/21/2024	Cortez, Adam	
6 Amount (\$)	7 Payee Address; City; State; Zip	
400.00	7517 Elizondo	
Expenditure from corporate funds	Corpus Christi, TX 78414	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/26/2024	Cortez, Adam	
Amount (\$)	Payee Address; City; State; Zip	
140.00	7517 Elizondo	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/21/2024	Cortez, Aden	
Amount (\$)	Payee Address; City; State; Zip	
210.00	7517 Elizondo	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/21/2024	De Leon, Isaiah (Mr.)	
Amount (\$)	Payee Address; City; State; Zip	
500.00	6238 Aspenwood	
Expenditure from		
corporate funds	Corpus Christi, TX 78412	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
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The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347	
4 Date	5 Payee name		
10/21/2024	Deleon, Chris		
6 Amount (\$)	7 Payee Address; City; State; Zip		
550.00	5302 Javelina		
Expenditure from			
corporate funds	Corpus Christi, TX 78413		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
EXI ENDITORE			
Date	Payee name		
10/26/2024	Deleon, Chris		
Amount (\$)	Payee Address; City; State; Zip		
49.00	5302 Javelina		
Expenditure from			
corporate funds	Corpus Christi, TX 78413		
PURPOSE		(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates	
Date	Payee name		
10/19/2024	Dynasty Imprints		
Amount (\$)	Payee Address; City; State; Zip		
764.73	5564 Ayers St.		
Expenditure from			
corporate funds	Corpus Christi, TX 78415		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Gift/Awards/Memorials Expense	Purchase-(Tees, Caps, Decals)	
Date	Payee name		
10/21/2024	Dynasty Imprints		
Amount (\$)	Payee Address; City; State; Zip		
4,102.70	5564 Ayers St.		
Expenditure from			
corporate funds	Corpus Christi, TX 78415		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	·	
EXPENDITURE	Gift/Awards/Memorials Expense	Purchase-(Tees, Caps, Decals)	

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/10 Rpt:	Corpus Christi Fire Fighters COPE 00017347	
4 Date	5 Payee name	
10/19/2024	Garza, Brian	
6 Amount (\$)	7 Payee Address; City; State; Zip	
600.00	7210 Nuss	
Expenditure from corporate funds	Corpus Christi, TX 78414	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Gift/Awards/Memorials Expense Purchase-(Tees, Caps, Decals)	
<u> </u>		
Date	Payee name	
10/19/2024	Guilianelle, Chris	
Amount (\$)	Payee Address; City; State; Zip	
245.00	521 Sorrell	
Expenditure from		
corporate funds	Corpus Christi, TX 78404	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Salaries/Wages/Contract Labor Posting Signs for Endorsed Candidates	
Date	Payee name	
10/21/2024	Guilianelle, Chris	
Amount (\$)	Payee Address; City; State; Zip	
300.00	521 Sorrell	
Expenditure from	O 1 1 1 1 TV 70404	
corporate funds	Corpus Christi, TX 78404	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor (b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates	
EXPENDITURE	Posting Signs for City Council Candidates	
Date	Payee name	
10/03/2024	Kapke, Kevin	
Amount (\$)	Payee Address; City; State; Zip	
175.00	1261	
Expenditure from	1261 Breebry	
corporate funds	Corpus Christi, TX 78415	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Salaries/Wages/Contract Labor Posting Signs for Endorsed Candidates	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	
10/21/2024	Kapke, Kevin	
6 Amount (\$)	7 Payee Address; City; State; Zip	
400.00	1261	
Expenditure from	1261 Breebry	
corporate funds	Corpus Christi, TX 78415	
8 PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/26/2024	Kapke, Kevin	
Amount (\$)	Payee Address; City; State; Zip	
420.00	1261	
Expenditure from	1261 Breebry	
corporate funds	Corpus Christi, TX 78415	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
Date	Payee name	
10/25/2024	Lamar Advertising	
Amount (\$)	Payee Address; City; State; Zip	
15,500.00	133 N. Padre Island Dr.	
Expenditure from		
corporate funds	Corpus Christi, TX 78406	Turk
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Advertising Expense	Political Advertising for endorsed City Council Candidates
Date	Payee name	
10/21/2024	Marroquin, Lisa	
Amount (\$)	Payee Address; City; State; Zip	
120.00	4306 Yucatan	
Expenditure from		
corporate funds	Corpus Christi, TX 78411	T
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	Salaties/Wayes/Collitact Labor	Posting Signs for City Council Candidates
	<u> </u>	1
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The Instruction Guide explains how to complete this form.		
Total pages Schedule I: Sch: 9/10 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE 3 Filer ID (Ethics Commission Filers) 00017347	
4 Date	5 Payee name	
10/19/2024	Marroquin, Sam	
6 Amount (\$)	7 Payee Address; City; State; Zip	
385.00	4306 Yucatan	
Expenditure from corporate funds	Corpus Christi, TX 78411	
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.) Posting Signs for Endorsed Candidates	
Date	Payee name	
10/21/2024	Marroquin, Sam	
Amount (\$)	Payee Address; City; State; Zip	
800.00	4306 Yucatan	
Expenditure from	Corpus Christi, TV 79411	
corporate funds	Corpus Christi, TX 78411	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor (b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates	
EXPENDITURE	1 Usung Signs for City Council Curididates	
Date	Payee name	
10/21/2024	Perez, Angel	
Amount (\$)	Payee Address; City; State; Zip	
750.00	7509 Idle Hour Dr.	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor (b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates	
EXPENDITURE	Salaries/Wages/Contract Labor Posting Signs for City Council Candidates	
Date	Payee name	
10/26/2024	Salinas, Gus	
Amount (\$)	Payee Address; City; State; Zip	
200.00	5302 Javelina	
Expenditure from		
corporate funds	Corpus Christi, TX 78413	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor (b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates	
EXPENDITURE	Salaries/Wages/Contract Labor Posting Signs for City Council Candidates	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	
09/27/2024	Sayles, Bryan	
6 Amount (\$)	7 Payee Address; City; State; Zip	
1,155.00	2325 Nautical Wind Dr.	
Expenditure from corporate funds	Corpus Christi, TX 78414	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates
Date	Payee name	
10/09/2024	Sayles, Bryan	
Amount (\$)	Payee Address; City; State; Zip	
280.00	2325 Nautical Wind Dr.	
Expenditure from	Corpus Christi, TX 78414	
corporate funds	·	(b) Description (See instructions regarding type of information required.)
PURPOSE OF	Salaries/Wages/Contract Labor	Posting Signs for Endorsed Candidates
EXPENDITURE		. coming engine for Emborate Cartainatates
Date	Payee name	
10/21/2024	Torres, Carlos (Mr.)	
Amount (\$)	Payee Address; City; State; Zip	
300.00	5006 Lethaby	
Expenditure from	Correct Christ TV 70412	
corporate funds	Corpus Christi, TX 78413	(Continue of the continue of t
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Posting Signs for City Council Candidates
EXPENDITURE		1 osung signs for city council candidates
Date	Payee name	
10/21/2024	Torres, Valerie	
Amount (\$)	Payee Address; City; State; Zip	
180.00	7350 McArdle, #70	
Expenditure from		
corporate funds	Corpus Christi, TX 78412	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Salaries/Wages/Contract Labor	Posting Signs for City Council Candidates
	<u> </u>	1
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