

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00053986	<b>2</b> Total pages filed: 34
<b>3</b> COMMITTEE NAME McAllen Firefighters for Responsible Government		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/28/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 720994  McAllen, TX 78504		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Mr. Hector  NICKNAME LAST SUFFIX Bourbois Jr.		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2913 N. 26th St.  McAllen, TX 78501		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2913 N. 26th St.  McAllen, TX 78501		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 648-5769		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 07/01/2024      10/26/2024		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special      Local Referendum	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> McAllen Firefighters for Responsible Government	<b>13 Filer ID</b> (Ethics Commission Filers) 00053986
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed     Ballot ID:Prop A Election Date:2024-11-05 Desc:McAllen Anti-Corruption Act
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,999.32
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 29,591.64
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 105,495.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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. Hector Bourbois Jr.  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 34

<b>12 COMMITTEE NAME</b> McAllen Firefighters for Responsible Government		<b>13 Filer ID</b> (Ethics Commission Filers) 00053986
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
	B. Opposed	Ballot ID:Prop B Election Date:2024-11-05 Desc:McAllen Direct Democracy Act
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> McAllen Firefighters for Responsible Government		<b>18 Filer ID</b> (Ethics Commission Filers) 00053986
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,999.32
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 29,591.64
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/23 Rpt: 5/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ADAMS, JOHN (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALANIZ, ERICK (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALEMAN, DAVID (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BANDA, ERNESTO (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARAJAS, NOHEL (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/23 Rpt: 6/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARRERA, ANGEL (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BATTAGLIA, PATRICK (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BENAVIDEZ, CARLOS (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BENNETT, HECTOR (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BERNAL, FELIX (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/23 Rpt: 7/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURBOIS, HECTOR (Mr.)	7 Amount of Contribution (\$)  \$160.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURBOIS, JOSE (Mr.)	Amount of Contribution (\$)  \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, THOMAS (Mr.)	Amount of Contribution (\$)  \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROSS, DAVID (Mr.)	Amount of Contribution (\$)  \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSTINZA, FELIX (Mr.)	Amount of Contribution (\$)  \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/23 Rpt: 8/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CACERES, JUAN (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CADENA, CESAR (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CALAHAN, EDWARD (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CAMPOS, DAVID (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, CHRISTOPHER (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/23 Rpt: 9/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, ERIK (Mr.)	<b>7</b> Amount of Contribution (\$)  \$160.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, JACOB (Mr.)	Amount of Contribution (\$)  \$28.16
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARDENAS III, ROGELIO (Mr.)	Amount of Contribution (\$)  \$240.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARLSON, BRADLEY (Mr.)	Amount of Contribution (\$)  \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARLSON, JASON (Mr.)	Amount of Contribution (\$)  \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/23 Rpt: 10/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CARRIER, JORDAN (Mr.)	<b>7</b> Amount of Contribution (\$) \$160.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CASTILLO, GABRIEL (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CAVAZOS, SAMUEL (Mr.)	Amount of Contribution (\$) \$24.08
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CERDA, MIGUEL (Mr.)	Amount of Contribution (\$) \$44.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHAVEZ, ERNESTO (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/23 Rpt: 11/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAHLBERG, LEONARD (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVIS, CHARLES (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEL TORO, JOSE (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$204.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DELGADO, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUENAS, JOSEPH (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/23 Rpt: 12/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ESCOBEDO, JOSE (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ESPINOSA, RAMON (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ESQUIVEL, MARC (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FLATAU, BEAU (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FLORES, ROMAN (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/23 Rpt: 13/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, JOSHUA (Mr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, JUAN (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, JUAN (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, REBEKAH (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, ROMAN (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/23 Rpt: 14/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, ROMEL (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, SANTIAGO (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, VENTURA (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GOMEZ, GERARDO (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GUAJARDO, ERNESTO (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/23 Rpt: 15/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GUAJARDO, RAMON (Mr.)	<b>7</b> Amount of Contribution (\$) \$160.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GUERRA, JOSE (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GUERRERO, CESAR (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERNANDEZ, MARQUS (Mr.)	Amount of Contribution (\$) \$204.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERRERAI, SAMUEL (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/23 Rpt: 16/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HORROX, DOUGLAS (Mr.)	<b>7</b> Amount of Contribution (\$) \$160.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HUERTA, RAMIRO (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KOBAYASHI, ERICK (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KOITE, MARK (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LEOS, CESAR (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/23 Rpt: 17/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIMON, ADRIAN (Mr.)	<b>7</b> Amount of Contribution (\$) \$160.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCK, ROBERT (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUNA, MICHAEL (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARISCAL, EDUARDO (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, MARCO (Mr.)	Amount of Contribution (\$) \$28.16
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/23 Rpt: 18/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, MARCO (Mr.)	7 Amount of Contribution (\$) \$160.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, SERGIO (Mr.)	Amount of Contribution (\$) \$64.08
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MATA, STEVE (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MENDEZ, ROBERTO (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MENDOZA, LEO (Mr.)	Amount of Contribution (\$) \$240.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/23 Rpt: 19/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MENDOZA, MANUEL (Mr.)	<b>7</b> Amount of Contribution (\$) \$60.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MENDOZA, ROBERT (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MILLAN, JOSE (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOLINA, PEDRO (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MORALES, ALEJANDRINO (Mr.)	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/23 Rpt: 20/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MYLES II, CHARLES (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$240.00
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NAJERA, RANDY (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NAVE, ZAK (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NEGRETE, RODOLFO (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OLVERA, KELVIN (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/23 Rpt: 21/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ORTIZ, REY (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$160.00
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAEZ, RAYMOND (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PALOMIN, JUAN (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAPAKOSTAS, VASILEIOS (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARTIDA, JOHN (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 18/23 Rpt: 22/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PENA, ALFRED (Mr.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PEREZ, JOHN (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PEREZ, JOSHUA (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) QUINTERO, CALVIN (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIOS, EDGAR (Mr.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/23 Rpt: 23/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIOS, RYAN (Mr.)	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIOS, VENTURA (Mr.)	Amount of Contribution (\$)  \$24.08
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RIVAS, ROBERTO (Mr.)	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROCHA, ARTURO (Mr.)	Amount of Contribution (\$)  \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODRIGUEZ, CHRISTIAN (Mr.)	Amount of Contribution (\$)  \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/23 Rpt: 24/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODRIGUEZ, GEORGE (Mr.)	<b>7</b> Amount of Contribution (\$) \$216.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROJAS, ROBERTO (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUIZ, ROBERTO (Mr.)	Amount of Contribution (\$) \$240.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUIZ, ROBERTO (Mr.)	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALINAS, ANGEL (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 21/23 Rpt: 25/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALINAS, JEROME (Mr.)	7 Amount of Contribution (\$) \$240.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALINAS, MARIO (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SALINAS, OSCAR (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SOTO, ABRAHAM (Mr.)	Amount of Contribution (\$) \$104.08
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SUAREZ, JORGE (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/23 Rpt: 26/34
<b>2</b> FILER NAME McAllen Firefighters for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TANAMACHI, AARON (Mr.)	<b>7</b> Amount of Contribution (\$) \$160.00
<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504		
<b>8</b> Principal occupation / Job title (See Instructions) FIREFIGHTER		<b>9</b> Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREVINO, ANDRES (Mr.)	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VARGAS, MANUEL (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VILLAREAL, ALEJANDRO (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VILLARREAL, ISMAEL (Mr.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 23/23 Rpt: 27/34
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEDEL, TIMOTHY (Mr.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, JEREMY (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINGER II, PHILLIP (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YZABAL, ISSAC (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMORA, MARK (Mr.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 28/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/23/2024	<b>5</b> Payee name Bobby Guerra Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 10213 N 10th St  McAllen, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2024	Candidate/Officeholder name Bourbois, Hector	
Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 09/28/2024	Payee name Bourbois, Hector	
Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2913 North 26th Street  McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor - July-September
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2024	Candidate/Officeholder name Bourbois, Hector	
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 09/06/2024	Payee name Bourbois, Hector	
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2913 North 26th Street  McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to New Braunfels - TSAFF Training
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.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 29/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/23/2024	<b>5</b> Payee name Brand Boosters	
<b>6</b> Amount (\$) \$194.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 301 N McColl Suite G McAllen, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts for Poll workers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Costa Messa	
Amount (\$) \$134.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5248 N 10th St McAllen, TX 78504	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 new members.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Courtyard New Braunfels River Village	
Amount (\$) \$655.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 750 I35 N Frontage Road New Braunfels , TX 78130	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel stay for TSAFF training. Room 1 of 2
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.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 30/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Courtyard New Braunfels River Village	
<b>6</b> Amount (\$) \$655.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 750 I35 N Frontage Road  New Braunfels , TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Stay for TSAFF training. Room 2 of 2
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Enterprise Rent-A-Car	
Amount (\$) \$491.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4717 N 10th St  McAllen, TX 78503	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car Rental for TSAFF training in New Braunfels
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Guajardo, Ernie	
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 602 W Smith Dr  Pharr, TX 78577	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to New Braunfels TSAFF Training
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.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 31/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 08/08/2024	<b>5</b> Payee name J Alexanders	
<b>6</b> Amount (\$) \$159.52  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 255 E Basse Rd Suite 1300  San Antnio, TX 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with Rep Lujan Campaign Staff, Mission and Laredo Firefighters.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name John Lujan for State Rep Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 14479  San Antonio, TX 78214	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Limon, Adrian	
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10974 Trinidad Luna Rd  La Feria , TX 78559	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to New Braunfels - TSAFF Training
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.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 32/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/22/2024	<b>5</b> Payee name Mike Stevens	
<b>6</b> Amount (\$) \$22,900.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6923 Indiana Ave PMB 292  Lubbock , TX 79413	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Against Prop A and Prop B campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2024	Payee name Nereida Lopez Singletery Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 502 W University Dr  Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Pilot Travel Center	
Amount (\$) \$52.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4105 S Loop 1604 E  San Antonio, TX 78264	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to San Antonio for Rep Lujan Meeting
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.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 33/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 09/22/2024	<b>5</b> Payee name Rep Armando Martinez Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1651  Weslaco, TX 78599	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Republic of the Rio Grande	
Amount (\$) \$110.89  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1411 S 10th St  McAllen, TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 new members.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Rios, Edgar	
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4222 E Mile 17  Edingburg , TX 78542	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to New Braunfels for TSAFF training.
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.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 34/34	<b>2</b> FILER NAME McAllen Firefighters for Responsible Government	<b>3</b> Filer ID (Ethics Commission Filers) 00053986
<b>4</b> Date 10/14/2024	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) \$322.15  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 409 W Jackson  Pharr, TX 78577	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Sign Materials	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sand Bags for Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/18/2024	Candidate/Officeholder name The Home Depot	
Amount (\$) \$241.61  <input type="checkbox"/> Expenditure from corporate funds	Office sought 120 S Shary Rd  Mission , TX 78572	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Sign Material	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sand Bags for Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2024	Candidate/Officeholder name WalMart #452	
Amount (\$) \$93.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought 2900 Nolana  McAllen, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Park Event (Event postponed)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		