



# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Mission Fire Fighters Committee for Responsible Gov	<b>13 Filer ID</b> (Ethics Commission Filers) 00080704
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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
	<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)	\$ 12,620.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,421.98
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 8,103.83
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. Michael E. Silva  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Mission Fire Fighters Committee for Responsible Gov		<b>18 Filer ID</b> (Ethics Commission Filers) 00080704
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,620.00
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	\$ 12,421.98
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: 1/11 Rpt: 4/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abila, Adrain <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$260.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Oscar <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Randy <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Paul <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavazos, Frank <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaires, Frank	<b>7</b> Amount of Contribution (\$) \$325.00
<b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Randy	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza, Manuel	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De la Garza, Guillermo	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esquivel, Mauricio	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code  Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores , Javier	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78573		
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores , Joey	Amount of Contribution (\$)  \$260.00
Contributor address; City; State; Zip Code  Mission , TX 78573		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Frank	Amount of Contribution (\$)  \$260.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Juan	Amount of Contribution (\$)  \$325.00
Contributor address; City; State; Zip Code  Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Leroy	Amount of Contribution (\$)  \$390.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/25
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Pilar	7 Amount of Contribution (\$) \$325.00
	6 Contributor address; City; State; Zip Code  Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Rudy	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code  Mission , TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloria, Alonzo	Amount of Contribution (\$) \$260.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Alex	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jaime	Amount of Contribution (\$) \$195.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Granados, Alex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78572	<b>7</b> Amount of Contribution (\$)  \$130.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juarez, Beto <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Roy <hr/> Contributor address; City; State; Zip Code  Mission, TX 78573	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lerma, Andres <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longoria, Justin <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Danny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$260.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Eric <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$330.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Robert <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loredo, Jessica <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loza, Joey <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montalvo , Alex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78572	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) Flre Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montoya, Robert <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Navarrete, Chris <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliva, Rudy <hr/> Contributor address; City; State; Zip Code  Mlssion, TX 78573	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Desi <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 11/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Osornio, Blas	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Joey	Amount of Contribution (\$)  \$325.00
Contributor address; City; State; Zip Code  Mission , TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Mark	Amount of Contribution (\$)  \$325.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Mike	Amount of Contribution (\$)  \$65.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Esquiel	Amount of Contribution (\$)  \$65.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosales , Mauricio <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$260.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Joel <hr/> Contributor address; City; State; Zip Code  Mission , TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Homer <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Jorge <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Omar <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$325.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva, Michael <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-3612	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kelly <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Rick <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Abel <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Fire fighter		Employer (See Instructions) City of Mission

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/25
<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov		<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino , Tony	<b>7</b> Amount of Contribution (\$) \$325.00
<b>6</b> Contributor address; City; State; Zip Code  Mission , TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) Fire Fighter		<b>9</b> Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villalon, Robert	Amount of Contribution (\$) \$260.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Arturo	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Juan	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Douglas	Amount of Contribution (\$) \$325.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

# 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: 1/11 Rpt: 15/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
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<b>4</b> Date 07/31/2024	<b>5</b> Payee name ALC Steaks
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<b>6</b> Amount (\$) \$103.42	<b>7</b> Payee address; City; State; Zip Code 1204 N Lamar  Austin , TX 78703
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Expenditure from corporate funds

<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 Dinner with TSAFF DVP A. Alvarado.
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name ALC Steaks
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Amount (\$) \$136.48	Payee address; City; State; Zip Code 1204 N Lamar  Austin , TX 78703
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<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 Dinner with TSAFF staff and DVP Alvarado
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2024	Payee name Bob Starks
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Amount (\$) \$163.88	Payee address; City; State; Zip Code 2301 E Griffin Pkwy  Mission, TX 78504
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<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 BBQ Donation fundraiser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/11 Rpt: 16/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/10/2024	<b>5</b> Payee name Canales , Terry	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2727 W. University  Edinburg , TX 78539	
<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 Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Chilis	
Amount (\$) \$75.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2419 E Expressway 83  Mission, TX 78574	
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 MFFA board members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Circle K	
Amount (\$) \$73.58  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2220 E Business 83  Mission , TX 78572	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Fuel
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: 3/11 Rpt: 17/25	<b>2</b>	FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b>	Filer ID (Ethics Commission Filers) 00080704
<b>4</b>	Date 11/19/2024	<b>5</b>	Payee name Cosmo Dallas		
<b>6</b>	Amount (\$) \$491.14  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b>	Payee address; City; State; Zip Code 5776 Grandscape  Colony, TX 75056		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<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 Dinner Meeting With Rep O. Longoria Staff and TSAFF DVP		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/24/2024		Payee name Delta Air		
	Amount (\$) \$99.99  <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1030 Delta  Atlanta , GA 30354		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Flight for trip to Austin for legislative meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/08/2024		Payee name Drunken Chicken		
	Amount (\$) \$377.58  <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 104 N. Mayberry  Mission , TX 78572		
	<b>PURPOSE OF EXPENDITURE</b>	<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 Fire fighter Meeting with Mayor & Council		
	Complete <u>ONLY</u> 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: 4/11 Rpt: 18/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Embassy Suites	
<b>6</b> Amount (\$) \$201.49  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 110 Calle De Norte  Lardo , TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Lodging for PAC drive for Laredo Fire fighters
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Exclusive Designs	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2403 E Griffin Pkwy  Mission , TX 78574	
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 T-Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Exclusive Designs	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2403 E Griffin Pkwy  Mission , TX 78574	
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 Expense for Golf Tournament
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: 5/11 Rpt: 19/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 07/08/2024	<b>5</b> Payee name Exclusive Designs	
<b>6</b> Amount (\$) \$2,160.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2403 E Griffin Pkwy  Mission , TX 78574	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Gifts for PAC members
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name Floral and Craft	
Amount (\$) \$478.47  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 N 10th Street  Mcallen , TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas baskets for Mission City council
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Full Goods Diner	
Amount (\$) \$72.72  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 E Grayson  San Antonio , TX 78215	
<b>PURPOSE OF EXPENDITURE</b>	<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 Breakfast with Mission Fire Fighters and TSAFF A. Alvarado
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: 6/11 Rpt: 20/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 12/05/2024	<b>5</b> Payee name Guillen , Ryan (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1024  Ausitn, TX 78767	
<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 Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name HEB	
Amount (\$) \$84.68  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 US Expressway  McAllen , TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name Hilton	
Amount (\$) \$228.58  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 South Alamo  San Antonio , TX 78015	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Lodging for event for Rep Lujan
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: 7/11 Rpt: 21/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
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<b>4</b> Date 08/12/2024	<b>5</b> Payee name Hilton
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<b>6</b> Amount (\$) \$141.76  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 200 South Alamo  San Antonio , TX 78015
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<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 Drinks at Hotel lobby for campaign event
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2024	Payee name Hilton Garden Inn
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Amount (\$) \$210.38  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 W 17th Street  Austin , TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Lodging for legislative meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2024	Payee name Hinojosa , Adam
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 18301  Corpus Christi , TX 78480
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<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 Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/11 Rpt: 22/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
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<b>4</b> Date 12/31/2024	<b>5</b> Payee name Hinojosa, Juan (Sen.)
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 612 W Nolana  Mission, TX 78504
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<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 Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name J Alexanders
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Amount (\$) \$169.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 255 E Basse Rd  San Antonio , TX 78209
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<b>PURPOSE OF EXPENDITURE</b>	<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 Dinner With TSAFF A. Alvarado & Mission Fire Fighters
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name Longoria, Oscar (Rep.)
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 4224  Mission , TX 78572
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<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 Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/11 Rpt: 23/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
<b>4</b> Date 08/09/2024	<b>5</b> Payee name Loves	
<b>6</b> Amount (\$) \$82.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2645 I-37  Three Rivers , TX 78071	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Fuel for trip for Rep. Lujan
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name MEXICAN CAFE	
Amount (\$) \$57.79  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1004 N CLOSNER  EDINBURG , TX 78541	
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 with DVP A Alvarado
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name Mambos	
Amount (\$) \$105.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4817 Expressway  Mcallen , TX 78503	
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 Rep. Longoria staff.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 24/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
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<b>4</b> Date 10/01/2024	<b>5</b> Payee name Mr. Stich
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3403 N Ware Rd  Mcallen , TX 78501
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Embroidery of Jackets
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Olive Garden
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Amount (\$) \$242.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1405 E Expressway  Mission , TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	<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 with Rep. Longoria Staff and Mission Fire Fighters.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2024	Payee name PNC
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Amount (\$) \$9.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2402 E Griffin pkwy  Mission, TX 78574
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Statement Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 25/25	<b>2</b> FILER NAME Mission Fire Fighters Committee for Responsible Gov	<b>3</b> Filer ID (Ethics Commission Filers) 00080704
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<b>4</b> Date 08/09/2024	<b>5</b> Payee name QT
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<b>6</b> Amount (\$) \$72.83  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4142 S Loop 1604 E, San Antonio,  San Antonio, TX 78264
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Fuel
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2024	Payee name Schlotzky's
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Amount (\$) \$582.71  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 805 N Shary Rd  Mission , TX 78574
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<b>PURPOSE OF EXPENDITURE</b>	<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 Mayor and City council
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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