FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017347 3 COMMITTEE NAME **OFFICE USE ONLY** Corpus Christi Fire Fighters COPE Date Received **ELECTRONICALLY FILED** 07/11/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6014 Ayers Date Hand-delivered or Date Postmarked Corpus Christi, TX 78415-5631 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Samuel NAME NICKNAME LAST **SUFFIX** Morroquin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6014 Ayers STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78415 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6014 Ayers MAILING **ADDRESS** Corpus Christi, TX 78415 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 814-4437 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Month Day **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Corpus Christi Fire Fight	ers COPE		00017347	7
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M x check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,021.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	115,053.76
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Samue	el Morroquin	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY S	STAMP / SEAL ABOVE			
		, th	nis the	day
of,	20, to certify v	which, witness my hand and seal of office.		
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of off	ficer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 15

17 COMMITTEE NAME				
27 00111111121111111	18 Filer ID	(Ethics Commission Filers)		
Corpus Christi Fire Fighters COPE	00017347			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.0		
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 14,021.9		
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 39,980.0		
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAI ORGANIZATION	BOR	\$		
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOLABOR ORGANIZATION	RATION OR	\$		
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OF	RGANIZATION	\$		
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. X SCHEDULE E: LOANS	9. X SCHEDULE E: LOANS			
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$ 2,500.		
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.		
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	TIONS	\$ 0.0		
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	TIONS	\$ 16,291.		
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED	\$		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sch Sch: 1/2 Rpt:	
2 FILER NAME			3	•	s Commission Filers)
	sti Fire Fighters COPE			00017347	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8	Amount of contribution (\$)	9 In-kind contribution description
01/31/2025	Corpus Crinica i nongritoro i toccolation				Deposit-Product Sales
	7 Contributor address; City; State; Zip Code				(Tees, Caps, Decals)
					[[
	Corpus Christi, TX 78415			Check if travel of	l butside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU		nstructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL)	(See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's s	spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10 ii contributor	is a clinia, law little of parcha(s) (if any) (if the source)				
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of	In-kind contribution
04/30/2025	Corpus Christi Firefighters Association			contribution (\$) \$1,076,10	description Deposit-Product Sales
	Contributor address; City; State; Zip Code			Ψ1,070.10	(Tees, Caps, Decals)
					!
	Corpus Christi, TX 78415			Chook if traval of	I butside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JU		nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's s	spouse (if any) (FOR JUDICIAL)
If a patrilla star i	is a shild law firm of accept(a) (if any) (FOD HIDIOIAL)				
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of	In-kind contribution
05/29/2025	Corpus Christi Firefighters Association			contribution (\$) \$1,328,98	description Deposit-Product Sales
	Contributor address; City; State; Zip Code			Ψ1,320.30	(Tees, Caps, Decals)
					!
	Corpus Christi, TX 78415			Chapte if travel a	I Dutside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	<u>I</u> 1-JU		nstructions)
	,			•	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's r	enouse (if any) (EOR JUDICIAL)
Continuators	employemaw iiiii (i OR JODICIAL)	Law IIIII of Continud	ים וט	spouse (II dily) (I	I OR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/15		
2 FILER NAME Corpus Chr	E risti Fire Fighters COPE		3	Filer ID (Ethic 00017347	s Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00		
5 Date 06/27/2025	6 Full name of contributor out-of-state PAC (ID#:) Corpus Christi Firefighters Association 7 Contributor address; City; State; Zip Code			contribution (\$) \$3,426.44	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)		
	Corpus Christi, TX 78415			Check if travel of	outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See ir	nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	R JUDICIAL)	(See instructions)		
14 Contributor's	15 Law firm of contributo	r's	spouse (if any) (I	FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code)		Amount of contribution (\$) \$1,685.98	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)		
	Corpus Christi, TX 78415			Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JU	DICIAL) (See in	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Corpus Christi Firefighters Association Contributor address; City; State; Zip Code)		Amount of contribution (\$) \$4,394.25	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals)		
	Corpus Christi, TX 78415			Check if travel of	utside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JU	DICIAL) (See in	nstructions)		
Contributor's	Contributor's job title	(FC	R JUDICIAL)	(See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's	spouse (if any) (I	FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

PLEDG	SED CONTRIBUTION	JNS			SCHEDULE B		
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Schedule B: Sch: 1/4 Rpt: 6/15			
2 FILER NAMI Corpus Chr	E risti Fire Fighters COPE			3 Filer ID (Eth 00017347	nics Commission Filers)		
4 TOTAL O	F UNITEMIZED PLEDGES	,		\$	0.00		
5 Date 01/03/2025	Corpus Christi Firefighters Association 7 Pledgor Address; City; State; Zip Code		8 Amount of pledge (\$) \$3,130.00	9 In-kind description (If applicable) Deposit-Membership Contributions			
	Corpus Christi, TX 78415			Check if travel outs	i side of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)			
5 Date 01/17/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,120.00	9 In-kind description (If applicable) Deposit-Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	side of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)			
5 Date 01/31/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; Corpus Christi, TX 78415	City; State; Zip Code		8 Amount of pledge (\$) \$3,120.00	Contributions		
10 Principal occ	cupation / Job title (See Instruction		11 Employer (See Instru	<u> </u>	side of Texas. Complete Schedule T.		
To Timopa. 31	лиринотт ооб ино (СССС. 2222.		Employer (Occ mone	ictions)			
5 Date 02/13/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address; C			8 Amount of pledge (\$) \$3,091.00	9 In-kind description (If applicable) Deposit-Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outs	¦ side of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	ıs)	11 Employer (See Instru	ictions)			

PLEDG	SED CONTRIBUTIO	NS			SCHEDULE B	
The	Instruction Guide explains	s how to comple	te this form.	1 Total pages Schedule B: Sch: 2/4 Rpt: 7/15		
2 FILER NAMI Corpus Chr	E risti Fire Fighters COPE			3 Filer ID (Eth 00017347	nics Commission Filers)	
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00	
5 Date 02/28/2025	6 Full name of pledgor Corpus Christi Firefighters A 7 Pledgor Address; Cit			8 Amount of pledge (\$) \$3,091.00	In-kind description (If applicable) Deposit-Membership Contributions	
10 Principal occ	Corpus Christi, TX 78415		11 5		I i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instructions))	11 Employer (See Instru	ictions)		
5 Date 03/14/2025	6 Full name of pledgor Corpus Christi Firefighters A 7 Pledgor Address; Cit			8 Amount of pledge (\$) \$3,091.00	In-kind description (If applicable) Deposit-Membership Contributions	
	Corpus Christi, TX 78415			Check if travel outs	i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instructions))	11 Employer (See Instru	uctions)		
5 Date 03/27/2025	6 Full name of pledgor Corpus Christi Firefighters A 7 Pledgor Address; Cit)	8 Amount of pledge (\$) \$3,091.00	In-kind description (If applicable) Deposit-Membership Contributions	
	Corpus Christi, TX 78415		T.,	<u> </u>	side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instructions))	11 Employer (See Instru	ıctions)		
5 Date 04/11/2025	6 Full name of pledgor Corpus Christi Firefighters A 7 Pledgor Address; Cit	out-of-state PAC (ID#:_ Association ry; State; Zip Code)	8 Amount of pledge (\$) \$3,091.00	In-kind description (If applicable) Deposit-Membership Contributions	
	Corpus Christi, TX 78415			Check if travel outs	I i side of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (See Instructions))	11 Employer (See Instru	uctions)		

PLEDG	SED CONTRIBUTION	JNS			SCHEDULE B		
The	Instruction Guide explain	ns how to comple	te this form.	1 Total pages Schedule B: Sch: 3/4 Rpt: 8/15			
2 FILER NAMI Corpus Chi	E risti Fire Fighters COPE			3 Filer ID (Ethic: 00017347	s Commission Filers)		
4 TOTAL O	F UNITEMIZED PLEDGES	;		\$	0.00		
5 Date 04/25/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,071.00	In-kind description (If applicable) Deposit-Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outsid	e of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	าร)	11 Employer (See Instru	ictions)			
5 Date 05/09/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,061.00	In-kind description (If applicable) Deposit-Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outsid	e of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	uctions)			
5 Date 05/23/2025				pledge (\$) \$3,021.00	In-kind description (If applicable) Deposit-Membership Contributions		
10 Principal occ	Corpus Christi, TX 78415 cupation / Job title (See Instruction	ns)	11 Employer (See Instru	<u> </u>	le of Texas. Complete Schedule T.		
20 Timolpai oo	sapation, our title (eee metaction		Limployer (See insur	ictions)			
5 Date 06/06/2025	6 Full name of pledgor Corpus Christi Firefighters 7 Pledgor Address;			8 Amount of pledge (\$) \$3,021.00	In-kind description (If applicable) Deposit-Membership Contributions		
	Corpus Christi, TX 78415			Check if travel outsid	e of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruction	ns)	11 Employer (See Instru	ictions)			

PLEDO	GED CONTRIBUTIONS				SCHEDULE B
The	The Instruction Guide explains how to complete this form.				dule B: 115
2 FILER NAM	lE		3	Sch: 4/4 Rpt: 9/	ics Commission Filers)
Corpus Ch	risti Fire Fighters COPE			00017347	
4 TOTAL O	TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8		9 In-kind description
	Corpus Christi Firefighters Association			pledge (\$)	(If applicable)
06/20/2025	7 Pledgor Address; City; State; Zip Code			\$2,981.00	Deposit-Membership Contributions
	Corpus Christi, TX 78415			Check if travel outs	I I ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instr	ucti	ions)	

	LOANS						SCH	IEDULE E	1
	The Instructio	on Guide explains how to	complete this f	orm.	1		ges Schedule E 1 Rpt: 10/15	≣:	
2	FILER NAME Corpus Christi F	ire Fighters COPE			3	Filer ID 000173	(Ethics Comn	nission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>		\$	0.	00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra		
							11 Maturity D	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	nstructions)				
14	Description of Coll	lateral		15 Check if persona	al funds were	deposited	into political ad (See Instru		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount G	uaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See Ir	nstructions)				

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/15		3 Filer ID (Ethics Commission Filers) 00017347
4 Date 06/26/2025 6 Amount (\$) \$2,500.00	 5 Payee name Denise Villalobos Campaign 7 Payee address; City; State; Zip Code 101 East Main Street 	
Expenditure from corporate funds 8 PURPOSE	Robstown, TX 78380	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense litical Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how t	o complete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	00017347
-	1 2222.2
1	
3122 Leopaid	
Corpus Christi, TX 78408	
(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.)
Advertising Expense	Half Cost for Advertising During Election.
Payee name	
Deleon, Chris	
Payee Address; City; State; Zip	
5302 Javelina	
Corpus Christi, TX 78413	
1	1, , , , , , , , , , , , , , , , , , ,
Travel In District	Per-Diem (Firefighters at the Capital Event)
Dynasty Imprints	
Payee Address; City; State; Zip	
Payee Address; City; State; Zip 5564 Ayers St.	
5564 Ayers St.	
5564 Ayers St. Corpus Christi, TX 78415	_
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories	1 - 1
5564 Ayers St. Corpus Christi, TX 78415	(b) Description (See instructions regarding type of information required.) Purchase - (Tees, Caps, Decals)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories	1 - 1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense	1 - 1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name	1 - 1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints	1 - 1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip	1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints	1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St.	1
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	Purchase - (Tees, Caps, Decals)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories)	Purchase - (Tees, Caps, Decals) (b) Description (See instructions regarding type of information required.)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	Purchase - (Tees, Caps, Decals)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories)	Purchase - (Tees, Caps, Decals) (b) Description (See instructions regarding type of information required.)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories)	Purchase - (Tees, Caps, Decals) (b) Description (See instructions regarding type of information required.)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories)	Purchase - (Tees, Caps, Decals) (b) Description (See instructions regarding type of information required.)
5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense Payee name Dynasty Imprints Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415 (a) Category (See instructions for examples of acceptable categories)	Purchase - (Tees, Caps, Decals) (b) Description (See instructions regarding type of information required.)
· · · · · · · · · · · · · · · · · · ·	(a) Category (See instructions for examples of acceptable categories Advertising Expense Payee name Deleon, Chris Payee Address; City; State; Zip 5302 Javelina Corpus Christi, TX 78413 (a) Category (See instructions for examples of acceptable categories Travel In District Payee name Dynasty Imprints

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/4 Rpt:	Corpus Christi Fire Fighters COPE	00017347					
4 Date	5 Payee name	•					
03/11/2025	Dynasty Imprints						
6 Amount (\$)	7 Payee Address; City; State; Zip						
1,371.10	5564 Ayers St.						
Expenditure from corporate funds	Corpus Christi, TX 78415						
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)					
OF	Gift/Awards/Memorials Expense	Purchase - (Tees, Caps, Decals)					
EXPENDITURE							
Date	Payee name						
03/11/2025	Dynasty Imprints						
Amount (\$)	Payee Address; City; State; Zip						
239.88	5564 Ayers St.						
Expenditure from							
corporate funds	Corpus Christi, TX 78415						
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)					
OF EXPENDITURE	Gift/Awards/Memorials Expense	Purchase - (Tees, Caps, Decals)					
LXI LINDITORE							
Date	Payee name						
03/12/2025	Dynasty Imprints						
Amount (\$)	Payee Address; City; State; Zip						
312.82	5564 Ayers St.						
Expenditure from							
corporate funds	Corpus Christi, TX 78415						
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·					
OF EXPENDITURE	Gift/Awards/Memorials Expense	Purchase - (Tees, Caps, Decals)					
Date	Payee name						
06/26/2025	Dynasty Imprints						
Amount (\$)	Payee Address; City; State; Zip						
1,919.00	5564 Ayers St.						
Expenditure from							
corporate funds	Corpus Christi, TX 78415						
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•					
OF EXPENDITURE	Gift/Awards/Memorials Expense	Purchase - (Tees, Caps, Decals)					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt:	Corpus Christi Fire Fighters COPE	00017347
4 Date	5 Payee name	·
06/04/2025	Fully Involved Print Co.	
6 Amount (\$)	7 Payee Address; City; State; Zip	
1,656.45	6537 S. Staples St.	
Expenditure from corporate funds	Corpus Christi, TX 78413	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Gift/Awards/Memorials Expense	Purchase - (Tees, Caps, Decals)
EXPENDITORE		
Date	Payee name	
03/17/2025	Garcia, Santiago	
Amount (\$)	Payee Address; City; State; Zip	
320.00	8129 Barrogate Dr.	
Expenditure from corporate funds	Corpus Christi, TX 78410	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Travel In District	Per-Diem (Firefighters at the Capital Event)
EXPENDITURE		
Date	Payee name	
05/29/2025	Guerra, Johnny	
Amount (\$)	Payee Address; City; State; Zip	
315.00	5337 Fulwell	
Expenditure from corporate funds	Corpus Christi, TX 78413	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Salaries/Wages/Contract Labor	Repairs and Maintenace to GPAC Supply Garage
EXPENDITURE	-	
Date	Payee name	
03/17/2025	Guilianelle, Chris	
Amount (\$)	Payee Address; City; State; Zip	
320.00	521 Sorrell	
Expenditure from	Corpus Christi TV 70404	
corporate funds	Corpus Christi, TX 78404	(Coo instructions regarding these of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) Per-Diem (Firefighters at the Capital Event)
EXPENDITURE		To District at the Supran Every

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: Sch: 4/4 Rpt:	FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347	
4 Date 02/01/2025	5 Payee name Marroquin, Sam		
6 Amount (\$) 420.00 Expenditure from	7 Payee Address; City; State; Zip 4306 Yucatan		
corporate funds 8 PURPOSE OF EXPENDITURE	Corpus Christi, TX 78411 (a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Contract Labor	
Date 03/17/2025	Payee name Stobbs, Johnny Ray		
Amount (\$) 320.00 Expenditure from corporate funds	Payee Address; City; State; Zip 2717 Chimney Rock Corpus Christi, TX 78410		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) Per-Diem (Firefighters at the Capital Event)	
Date 05/29/2025	Payee name Vargas, Joe		
Amount (\$) 350.00 Expenditure from corporate funds	Payee Address; City; State; Zip 6933 South Haven Corpus Christi, TX 78412		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Repairs and Maintenace to GPAC Supply Garage	