

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

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

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Corpus Christi Fire Fighters COPE		<b>13 Filer ID</b> (Ethics Commission Filers) 00017347
<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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,021.90
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 115,053.76
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. Samuel Morroquin

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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 15

<b>17 COMMITTEE NAME</b> Corpus Christi Fire Fighters COPE		<b>18 Filer ID</b> (Ethics Commission Filers) 00017347
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,021.90
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 39,980.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,500.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,291.74
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 4/15	
<b>2</b> FILER NAME Corpus Christi Fire Fighters COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00017347	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00	
<b>5</b> Date 01/31/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	<b>8</b> Amount of contribution (\$) \$2,110.15	<b>9</b> In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
	<b>7</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$1,076.10	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$1,328.98	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/15	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 06/27/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	8 Amount of contribution (\$) \$3,426.44	9 In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
7 Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$1,685.98	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	Amount of contribution (\$) \$4,394.25	In-kind contribution description Deposit-Product Sales (Tees, Caps, Decals...)
Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/4 Rpt: 6/15

2 FILER NAME

Corpus Christi Fire Fighters COPE

3 Filer ID (Ethics Commission Filers)  
00017347

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

01/03/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,130.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

01/17/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,120.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

01/31/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,120.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

02/13/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,091.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 2/4 Rpt: 7/15	
<b>2</b> FILER NAME Corpus Christi Fire Fighters COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00017347	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		<b>\$</b> 0.00	

  

<b>5</b> Date  02/28/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr/> <b>7</b> Pledgor Address; City; State; Zip Code  Corpus Christi, TX 78415	<b>8</b> Amount of pledge (\$)  \$3,091.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)  Deposit-Membership Contributions
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

  

<b>5</b> Date  03/14/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr/> <b>7</b> Pledgor Address; City; State; Zip Code  Corpus Christi, TX 78415	<b>8</b> Amount of pledge (\$)  \$3,091.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)  Deposit-Membership Contributions
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

  

<b>5</b> Date  03/27/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr/> <b>7</b> Pledgor Address; City; State; Zip Code  Corpus Christi, TX 78415	<b>8</b> Amount of pledge (\$)  \$3,091.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)  Deposit-Membership Contributions
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

  

<b>5</b> Date  04/11/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr/> <b>7</b> Pledgor Address; City; State; Zip Code  Corpus Christi, TX 78415	<b>8</b> Amount of pledge (\$)  \$3,091.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind description (If applicable)  Deposit-Membership Contributions
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 3/4 Rpt: 8/15

2 FILER NAME

Corpus Christi Fire Fighters COPE

3 Filer ID (Ethics Commission Filers)  
00017347

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

04/25/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,071.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

05/09/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,061.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

05/23/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,021.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

06/06/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Firefighters Association

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of  
pledge (\$)

\$3,021.00

9 In-kind description  
(If applicable)

Deposit-Membership  
Contributions

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)



# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 4/4 Rpt: 9/15	
<b>2</b> FILER NAME Corpus Christi Fire Fighters COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00017347	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		<b>\$</b> 0.00	
<b>5</b> Date  06/20/2025	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association	<b>8</b> Amount of pledge (\$)  \$2,981.00	<b>9</b> In-kind description (If applicable)  Deposit-Membership Contributions
	<b>7</b> Pledgor Address; City; State; Zip Code  Corpus Christi, TX 78415		
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 10/15
<b>2</b> FILER NAME Corpus Christi Fire Fighters COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00017347
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/15	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 06/26/2025	5 Payee name Denise Villalobos Campaign	
6 Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 101 East Main Street  Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 1/4 Rpt:	<b>2</b> FILER NAME Corpus Christi Fire Fighters COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00017347
<b>4</b> Date 01/03/2025	<b>5</b> Payee name Corpus Christi POA	
<b>6</b> Amount (\$)  4,786.48 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 3122 Leopard  Corpus Christi, TX 78408	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Half Cost for Advertising During Election.
Date 03/17/2025	Payee name Deleon, Chris	
Amount (\$)  320.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5302 Javelina  Corpus Christi, TX 78413	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel In District	<b>(b)</b> Description (See instructions regarding type of information required.) Per-Diem (Firefighters at the Capital Event)
Date 03/01/2025	Payee name Dynasty Imprints	
Amount (\$)  1,762.01 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St.  Corpus Christi, TX 78415	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Purchase - (Tees, Caps, Decals...)
Date 03/08/2025	Payee name Dynasty Imprints	
Amount (\$)  1,879.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St.  Corpus Christi, TX 78415	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Purchase - (Tees, Caps, Decals...)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4306 Yucatan  Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) Contract Labor
Date 03/17/2025	Payee name Stobbs, Johnny Ray	
Amount (\$) 320.00 <input type="checkbox"/> 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 <input type="checkbox"/> 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