

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) 00080704	2 Total pages filed: 28
3 COMMITTEE NAME Mission Fire Fighters Committee for Responsible Gov			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1284 Mission, TX 78572		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael E. NICKNAME LAST SUFFIX Silva		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2118 E. 27th St. Mission, TX 78574		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2118 E. 27th St. Mission, TX 78574		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 467-9465		
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	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Mission Fire Fighters Committee for Responsible Gov	13 Filer ID (Ethics Commission Filers) 00080704
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,990.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,047.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,046.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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**FORM GPAC**
COVER SHEET PG 3
3 of 28

17 COMMITTEE NAME Mission Fire Fighters Committee for Responsible Gov		18 Filer ID (Ethics Commission Filers) 00080704
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,990.00
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	\$ 11,047.67
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abila, Adrain <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 04/30/2025	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 (\$) \$160.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	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 (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas , Jacob <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Francisco <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaires, Frank <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Randy <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Cruz, Mario <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Manuel <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Christan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Mauricio <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Javier <hr/> Contributor address; City; State; Zip Code Mission , TX 78573	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Joey <hr/> Contributor address; City; State; Zip Code Mission , TX 78573	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Frank <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Juan <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$275.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Leroy <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$360.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Pilar <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rudy <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Alonzo <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Alex <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jaime <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granados, Alex <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Amy <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hidrogo, Eric <hr/> 6 Contributor address; City; State; Zip Code Mission , TX 78572	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	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 (\$) \$180.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria , Horacio <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Justin <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Danny <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ernesto <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Victor <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loredo, Jessica <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo , Alex <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Rudy <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Desi <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osornio, Blas <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joey <hr/> Contributor address; City; State; Zip Code Mission , TX 78572	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Mark <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Mike <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rico, Orlando <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales , Mauricio <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales , Miguel <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	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 (\$) \$120.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Jorge <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Brian <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 02/07/2025	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 (\$) \$75.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	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 (\$) \$120.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Mission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/28
2 FILER NAME Mission Fire Fighters Committee for Responsible Gov		3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Rick <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) Fire Fighter		9 Employer (See Instructions) City of Mission
Date 03/21/2025	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 (\$) \$160.00
Principal occupation / Job title (See Instructions) Fire fighter		Employer (See Instructions) City of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalon, Robert <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City Of Mission
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Douglas <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$300.00
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.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 16/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 01/15/2025	5 Payee name ALC Steaks	
6 Amount (\$) \$540.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1204 N Lamar Austin , TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name ALC Steaks	
Amount (\$) \$345.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1204 N Lamar Austin , TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2025	Payee name ALC Steaks	
Amount (\$) \$666.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1204 N Lamar Austin , TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
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.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 17/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 03/19/2025	5 Payee name ALC Steaks	
6 Amount (\$) \$600.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1204 N Lamar Austin , TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2025	Payee name Allianz Travel Ins.	
Amount (\$) \$19.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air Flight Travel Insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2025	Payee name Amazon	
Amount (\$) \$32.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 81226 Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sur Charge For Gift
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.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 18/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/23/2025	5 Payee name Amazon	
6 Amount (\$) \$646.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 81226 Seattle, WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Order gifts for Members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$54.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 81226 Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$16.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 81226 Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supply
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 19/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 03/19/2025	5 Payee name Beez Kneez	
6 Amount (\$) \$166.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 610 Nueces St Suite 100 Austin , TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drink with DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$95.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Beez Kneez Payee address; City; State; Zip Code 610 Nueces St Suite 100 Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$49.77 <input type="checkbox"/> Expenditure from corporate funds	Payee name China Wok Payee address; City; State; Zip Code 3939 I-35 FC-7 San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for firefighters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 20/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 01/13/2025	5 Payee name Circle K	
6 Amount (\$) \$89.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2309 E Business Hwy Mission , TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2025	Payee name Delta Air	
Amount (\$) \$316.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1030 Delta Atlanta , GA 30354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flew To Austin to meet with DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Drunken Chicken	
Amount (\$) \$379.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 104 N. Mayberry Mission , TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for City Officials while doing Fire Ops 101
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.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 21/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 02/21/2025	5 Payee name Dumont's Down Low	
6 Amount (\$) \$194.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 214 W. 4th St. Suite B Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hilton Garden Inn		
Amount (\$) \$507.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 W 17th Street Austin , TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Login for Firefighter Day at the Capital
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hilton Garden Inn		
Amount (\$) \$373.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 301 W 17th Street Austin , TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Login for Firefighter Day at capital
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 22/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 03/18/2025	5 Payee name Home Slice Pizza	
6 Amount (\$) \$253.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1415 S Congress Austin , TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Firefighter day at Capital Lunch for Members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Little Woodrows		
Amount (\$) \$56.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 520 W 6th Stree Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mancha Screen Printing		
Amount (\$) \$571.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4120 Pecan Blvd. Mcallen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for the gifts for members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 23/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 06/20/2025	5 Payee name Pappadaux	
6 Amount (\$) \$231.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1610 W Express 83 Pharr , TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name QT		
Amount (\$) \$80.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4142 S Loop 1604 E, San Antonio, San Antonio, TX 78264	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel back from Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Quintanilla, Omar		
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
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 Contributions to Omar
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 24/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 01/14/2025	5 Payee name Ranch 616	
6 Amount (\$) \$387.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 616 Nueces Austin , TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ranch 616		
Amount (\$) \$143.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 616 Nueces Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Republic of the Rio Grande		
Amount (\$) \$201.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1411 S 10th Mcallen , TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 City Official
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 25/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/15/2025	5 Payee name Sams	
6 Amount (\$) \$1,362.59 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7601 N 10th McAllen , TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(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 members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2025	Payee name Shoal Creek Saloon	
Amount (\$) \$139.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for firefighters and DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2025	Payee name Stiles Switch BBQ	
Amount (\$) \$126.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6610 N. Lamar Blvd Austin, TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 Alvarado and Firefighters
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.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 26/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 05/19/2025	5 Payee name Target	
6 Amount (\$) \$335.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2427 E. Expressway 83 Mission, TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for Members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name The Cloak Room		
Amount (\$) \$148.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1300 Colorado St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name The Tavern		
Amount (\$) \$166.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 922 W 12th St. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 with DVP Alvarado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 27/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 02/20/2025	5 Payee name Uptown Sports Club	
6 Amount (\$) \$112.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1200 E. 6th St. Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 DVP Alvarado
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2025	Payee name Villalobos, Denise	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2025	Payee name Villalobos, Javier	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX	
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 Contributions
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.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 28/28	2 FILER NAME Mission Fire Fighters Committee for Responsible Gov	3 Filer ID (Ethics Commission Filers) 00080704
4 Date 02/28/2025	5 Payee name Walmart	
6 Amount (\$) \$29.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2410 E Expressway Mission , TX 78574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for meals for city officials doing Fire Ops101
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2025	Payee name Whataburger	
Amount (\$) \$51.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8300 N. Interstate 35 San Antonio, TX 78239	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 For Firefighter day
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2025	Payee name Whataburger	
Amount (\$) \$56.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11135 N. Interstate Hwy 35 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 Firefighters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held