

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) 00053986	2 Total pages filed: 35
3 COMMITTEE NAME McAllen Firefighters for Responsible Government			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 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 P.O. Box 720994 McAllen, TX 78504		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Hector NICKNAME LAST SUFFIX Bourbois Jr.		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2913 N. 26th St. McAllen, TX 78501		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2913 N. 26th St. McAllen, TX 78501		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 648-5769		
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 McAllen Firefighters for Responsible Government	13 Filer ID (Ethics Commission Filers) 00053986
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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)	\$ 21,939.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,546.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 118,260.00
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. Hector Bourbois Jr.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME McAllen Firefighters for Responsible Government		18 Filer ID (Ethics Commission Filers) 00053986
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,939.52
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	\$ 9,546.28
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: 1/23 Rpt: 4/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JOHN (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIZ, ERICK (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$331.50
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEMAN, DAVID (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BANDA, ERNESTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARAJAS, NOHEL (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$259.48
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, ANGEL (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BATTAGLIA, PATRICK (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENAVIDEZ, CARLOS (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, HECTOR (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNAL, FELIX (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURBOIS, HECTOR (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURBOIS, JOSE (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, THOMAS (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROSS, DAVID (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSTINZA, FELIX (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CACERES, JUAN (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADENA, CESAR (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALAHAN, EDWARD (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPOS, DAVID (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, CHRISTOPHER (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ERIK (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, JACOB (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$45.76
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARDENAS III, ROGELIO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, BRADLEY (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, JASON (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRIER, JORDAN (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLO, GABRIEL (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAVAZOS, SAMUEL (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$39.13
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CERDA, MIGUEL (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$71.50
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, ERNESTO (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAHLBERG, LEONARD (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$195.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, CHARLES (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEL TORO, JOSE (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$331.50
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELGADO, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUENAS, JOSEPH (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESCOBEDO, JOSE (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$195.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPINOSA, RAMON (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESQUIVEL, MARC (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLATAU, BEAU (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, JOSHUA (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JOSHUA (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$325.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JUAN (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JUAN (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, REBEKAH (Mrs.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, ROMAN (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, SANTIAGO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, VENTURA (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMEZ, GERARDO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUAJARDO, ERNESTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUAJARDO, RAMON (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, JOSE (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRERO, CESAR (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, MARQUS (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$331.50
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRERA, SAMUEL (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORROX, DOUGLAS (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUERTA, RAMIRO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOBAYASHI, ERICK (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOITE, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEOS, CESAR (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIMON, ADRIAN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCK, ROBERT (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUNA, MICHAEL (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARISCAL, EDUARDO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, JUSTIN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$45.76
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, MARCO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, MARCO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$104.13
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATA, STEVE (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDEZ, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDOZA, LEO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDOZA, MANUEL (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDOZA, ROBERT (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLAN, JOSE (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLINA, PEDRO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORALES, ALEJANDRINO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYLES II, CHARLES (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJERA, RANDY (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAVE, ZACHARY (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEGRETE, RODOLFO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLVERA, KELVIN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, REY (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAEZ, RAYMOND (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$130.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALOMIN, JUAN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAPAKOSTAS, VASILEIOS (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARTIDA, JOHN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENA, ALFRED (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, JOHN (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, JOSHUA (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINTERO, CALVIN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIOS, EDGAR (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIOS, RYAN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIOS, VENTURA (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) <div style="text-align: right;">\$39.13</div>
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIVAS, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) <div style="text-align: right;">\$65.00</div>
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROCHA, ARTURO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) <div style="text-align: right;">\$260.00</div>
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, CHRISTIAN (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) <div style="text-align: right;">\$260.00</div>
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, GEORGE (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) <div style="text-align: right;">\$351.00</div>
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROJAS, ROBERTO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUIZ, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUIZ, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS, ANGEL (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS, JEROME (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS, OSCAR (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOTO, ABRAHAM (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$169.13
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUAREZ, JORGE (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TANAMACHI, AARON (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, ANDRES (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, MANUEL (Mr.) 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, ALEJANDRO (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, ISMAEL (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEDEL, TIMOTHY (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, JEREMY (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/35
2 FILER NAME McAllen Firefighters for Responsible Government		3 Filer ID (Ethics Commission Filers) 00053986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINGER II, PHILLIP (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) FIREFIGHTER		9 Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YZABAL, ISSAC (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMORA, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) FIREFIGHTER		Employer (See Instructions) CITY OF MCALLEN

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 27/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/19/2025	5 Payee name ALC Steaks	
6 Amount (\$) \$666.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1205 North Lamar Blvd 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 Meeting w/Brownsville, Mission and Harlingen Firefighters, State REP Staff, State Rep
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Aguilar's Meat Market #2	
Amount (\$) \$570.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2401 N 23rd St 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 Food for Skeet shoot event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Bourbois, Hector	
Amount (\$) \$204.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2913 North 26th Street McAllen, TX 78501	
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 Firefighter Day Travel Per Diem
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: 2/9 Rpt: 28/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 05/08/2025	5 Payee name Bourbois, Hector	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2913 North 26th Street McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Jan-May
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/08/2025	Candidate/Officeholder name Bourbois, Hector	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2913 North 26th Street McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor June
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Dennys	
Amount (\$) \$33.05 <input type="checkbox"/> Expenditure from corporate funds	Office sought 401 E Nolana 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 Commissioner Candidate Meeting
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: 3/9 Rpt: 29/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/21/2025	5 Payee name DoubleTree Hotel I35	
6 Amount (\$) \$1,342.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6505 N I35 Austin, TX 78701	
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 Firefighter Day Stay 3 rooms
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2025	Payee name El Dorado Sporting Clays	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Floral Rd Hwy 281 Edinburg, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Skeet Shoot Event retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2025	Payee name Enterprise Rent-A-Car	
Amount (\$) \$634.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4717 N 10th St McAllen, TX 78503	
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 Rental for Firefighter Day at the Capitol.
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: 4/9 Rpt: 30/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 04/22/2025	5 Payee name Facebook Ads	
6 Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Hacker Way Menolo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Flores, Roman (Mr.)	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 112 W 8th St San Juan, TX 78589	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 DJ Services for Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2025	Payee name Gloria Jeans	
Amount (\$) \$20.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1417 N Ware Rd McAllen, 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 Meeting W/ Commissioner Candidate.
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: 5/9 Rpt: 31/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/17/2025	5 Payee name Guajardo, Ernie	
6 Amount (\$) \$204.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 602 W Smith Dr Pharr, TX 78577	
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 Firefighter Day Travel Per Diem
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2025	Candidate/Officeholder name Guajardo, Ramon	
Amount (\$) \$204.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 9907 N 23rd Lane McAllen, TX 78504	
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 Firefighter Day Travel per diem
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2025	Candidate/Officeholder name La Jaiba Mexican Seafood	
Amount (\$) \$94.72 <input type="checkbox"/> Expenditure from corporate funds	Office sought 400 W Nolana 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 Lunch Meeting City Commissioner
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
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Candidate/Officeholder/Political Committee
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Food/Beverage Expense
Gift/Awards/Memorials Expense
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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: 6/9 Rpt: 32/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/17/2025	5 Payee name Mata, Steve (Mr.)	
6 Amount (\$) \$204.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 918 Rio Hondo Rd Harlingen , TX 78550	
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 Firefighter Day Travel per diem
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2025	Payee name Mission Firefighters for Responsible Government	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1284 Mission , TX 78572	
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 Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2025	Payee name Modern Cartographers	
Amount (\$) \$112.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 703 Pier Ave Hermosa Beach , CA 90277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Consulation
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

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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: 7/9 Rpt: 33/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 04/28/2025	5 Payee name Omar Quintanilla Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 612 N 49TH ST McAllen, TX 78501	
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 Campaign Contribution
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 Rep Denise Villalobos Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 East Main Ave Robstown, TX 78380	
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 Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name Republic of the Rio Grande	
Amount (\$) \$375.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1411 S 10th St 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 meeting with Commissioner Candidate. Local 2602 board.
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
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Gift/Awards/Memorials Expense
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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: 8/9 Rpt: 34/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/17/2025	5 Payee name Rios, Edgar	
6 Amount (\$) \$204.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4222 E MILE 17 N RD Edinburg, TX 78539	
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 Firefighter Day Travel Per Diem
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Sam's Club	
Amount (\$) \$401.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7601 N 10th St McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Skeet Shoot Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2025	Payee name Star Bar	
Amount (\$) \$245.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 W 6th 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 Meeting with Brownsville, Houston, Mission, Harlingen 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: 9/9 Rpt: 35/35	2 FILER NAME McAllen Firefighters for Responsible Government	3 Filer ID (Ethics Commission Filers) 00053986
4 Date 03/17/2025	5 Payee name Stripes 107	
6 Amount (\$) \$45.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4420 W SH 107 Edingburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In 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 Fuel for Travel in District
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Stripes Nolana/23rd	
Amount (\$) \$42.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Stripes 23rd/Nolana 3920 N 23rd 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 Ice for Skeet Shoot Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held