

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017347	2 Total pages filed: 20	
3 COMMITTEE NAME Corpus Christi Fire Fighters COPE			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026 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 6014 Ayers Corpus Christi, TX 78415-5631			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Samuel NICKNAME LAST SUFFIX Morroquin			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6014 Ayers Corpus Christi, TX 78415			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6014 Ayers Corpus Christi, TX 78415			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 814-4437			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 07/01/2025 THROUGH Month Day Year 12/31/2025			
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 Corpus Christi Fire Fighters COPE	13 Filer ID (Ethics Commission Filers) 00017347
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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 checked="" 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)	\$ 16,069.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 121,881.09
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. Samuel Morroquin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
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17 COMMITTEE NAME Corpus Christi Fire Fighters COPE		18 Filer ID (Ethics Commission Filers) 00017347
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,069.74
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 37,992.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 37,456.82
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/20	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 07/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association 7 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of contribution (\$) \$2,633.30	9 In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of contribution (\$) \$2,590.75	In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of contribution (\$) \$2,402.55	In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/20	
2 FILER NAME Corpus Christi Fire Fighters COPE				3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 0.00	
5 Date 10/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code Corpus Christi, TX 78415		8 Amount of contribution (\$) \$4,693.24	9 In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON-JUDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415		Amount of contribution (\$) \$1,997.24	In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415		Amount of contribution (\$) \$1,752.66	In-kind contribution description Deposit - Product Sales (Tees, Caps Decals...)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/4 Rpt: 6/20

2 FILER NAME

Corpus Christi Fire Fighters COPE

3 Filer ID (Ethics Commission Filers)
00017347

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

07/03/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)
\$2,976.00

9 In-kind description
(If applicable)
Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

07/18/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)
\$2,956.00

9 In-kind description
(If applicable)
Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

08/01/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)
\$2,956.00

9 In-kind description
(If applicable)
Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

08/15/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)
\$2,956.00

9 In-kind description
(If applicable)
Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 2/4 Rpt: 7/20

2 FILER NAME

Corpus Christi Fire Fighters COPE

3 Filer ID (Ethics Commission Filers)
00017347

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

08/29/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,936.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

09/12/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,936.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

09/26/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,936.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

10/10/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,936.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 3/4 Rpt: 8/20

2 FILER NAME

Corpus Christi Fire Fighters COPE

3 Filer ID (Ethics Commission Filers)
00017347

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

10/24/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,936.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

11/07/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,911.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

11/21/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,859.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

12/05/2025

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

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78415

8 Amount of
pledge (\$)

\$2,849.00

9 In-kind description
(If applicable)

Deposit - COPE
Membership
Contributions

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 4/4 Rpt: 9/20	
2 FILER NAME Corpus Christi Fire Fighters COPE		3 Filer ID (Ethics Commission Filers) 00017347	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/19/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Firefighters Association <hr/> 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78415	8 Amount of pledge (\$) \$2,849.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable) Deposit - COPE Membership Contributions
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS

SCHEDULE E

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/20	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 11/24/2025	5 Payee name Hinojosa, Juan (Mr.)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 800 North Shoreline Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Hunter, Todd (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15217 So. Padre Island Dr., #205 Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 07/21/2025	5 Payee name Angle Fire Enterprises	
6 Amount (\$) 192.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 522 Hancock Ave., #203 Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quarterly Review
Date 10/29/2025	Payee name Angle Fire Enterprises	
Amount (\$) 350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 522 Hancock Ave., #203 Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Fund Review
Date 07/10/2025	Payee name Caceres, Art	
Amount (\$) 800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5713 Bonner Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention
Date 09/02/2025	Payee name Caceres, Art	
Amount (\$) 545.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5713 Bonner Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) TSAFF Service Training

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 07/10/2025	5 Payee name Deleon, Chris	
6 Amount (\$) 750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5302 Javelina Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention
Date 07/08/2025	Payee name Dynasty Imprints	
Amount (\$) 899.76 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 07/23/2025	Payee name Dynasty Imprints	
Amount (\$) 719.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 08/13/2025	Payee name Dynasty Imprints	
Amount (\$) 374.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 08/13/2025	5 Payee name Dynasty Imprints	
6 Amount (\$) 385.66 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 08/16/2025	Payee name Dynasty Imprints	
Amount (\$) 479.76 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 08/16/2025	Payee name Dynasty Imprints	
Amount (\$) 335.76 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 08/16/2025	Payee name Dynasty Imprints	
Amount (\$) 907.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

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SCHEDULE I

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1 Total pages Schedule I: Sch: 4/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 10/10/2025	5 Payee name Dynasty Imprints	
6 Amount (\$) 1,798.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 10/27/2025	Payee name Dynasty Imprints	
Amount (\$) 1,707.99 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 12/05/2025	Payee name Dynasty Imprints	
Amount (\$) 611.64 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 12/05/2025	Payee name Dynasty Imprints	
Amount (\$) 972.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

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SCHEDULE I

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1 Total pages Schedule I: Sch: 5/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 12/18/2025	5 Payee name Dynasty Imprints	
6 Amount (\$) 479.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 12/18/2025	Payee name Dynasty Imprints	
Amount (\$) 317.82 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 12/18/2025	Payee name Dynasty Imprints	
Amount (\$) 479.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 12/20/2025	Payee name Dynasty Imprints	
Amount (\$) 336.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

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1 Total pages Schedule I: Sch: 6/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 12/20/2025	5 Payee name Dynasty Imprints	
6 Amount (\$) 374.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5564 Ayers St. Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 10/09/2025	Payee name Fully Involved Print Co.	
Amount (\$) 1,469.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6537 S. Staples St. Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 10/21/2025	Payee name Fully Involved Print Co.	
Amount (\$) 3,618.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6537 S. Staples St. Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 11/18/2025	Payee name Fully Involved Print Co.	
Amount (\$) 1,280.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6537 S. Staples St. Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

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1 Total pages Schedule I: Sch: 7/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 07/10/2025	5 Payee name Garcia, Santiago	
6 Amount (\$) 800.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 8129 Barrogate Dr. Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention
Date 09/02/2025	Payee name Garcia, Santiago	
Amount (\$) 545.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 8129 Barrogate Dr. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) TSAFF Service Training
Date 09/29/2025	Payee name Garza, Brian	
Amount (\$) 930.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7210 Nuss Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...
Date 09/02/2025	Payee name Goce, Kassandra	
Amount (\$) 477.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7901 Ronnas Dr Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) TSAFF Service Training

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1 Total pages Schedule I: Sch: 8/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 12/01/2025	5 Payee name Innovative Signs	
6 Amount (\$) 12,530.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5745 Ayers Street Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) 4x8 Double sided custom sign
Date 07/10/2025	Payee name Keith, Tony	
Amount (\$) 800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3105 Seafoam Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention
Date 07/10/2025	Payee name Olivarez, Manuel	
Amount (\$) 460.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7022 Powderhorn Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention
Date 08/28/2025	Payee name Quality Logo Products	
Amount (\$) 268.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 724 North Highland Avenue Aurora, IL 60506	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Purchase	(b) Description (See instructions regarding type of information required.) Purchase - Tees, Caps, Decals...

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1 Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Corpus Christi Fire Fighters COPE	3 Filer ID (Ethics Commission Filers) 00017347
4 Date 07/10/2025	5 Payee name Stobbs, Johnny Ray	
6 Amount (\$) 460.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2717 Chimney Rock Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Training	(b) Description (See instructions regarding type of information required.) 2025 TSAFF Convention