

# 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) 00058251	2 Total pages filed: 36	
3 COMMITTEE NAME The Galveston Firefighters Association			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/14/2026 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 404 forest hills dr  League city, TX 77573			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI John NICKNAME LAST SUFFIX Garcia			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 404 Forest Hills Drive  League City, TX 77573			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 Forest Hills Drive  League City, TX 77573			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 789-7786			
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 10/25/2025 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

<b>12 COMMITTEE NAME</b> The Galveston Firefighters Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00058251
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 8,456.70
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,913.40
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 9,401.40
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 18,802.80
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John Garcia  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 36

<b>17 COMMITTEE NAME</b> The Galveston Firefighters Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00058251
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,913.40
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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	\$ 18,802.80
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 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/22 Rpt: 4/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abaun, Aaron (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, Cody (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/22 Rpt: 5/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Steven (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilbrey, Sarah (Miss) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billiott, Jeffery (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birt, Jake Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Anderson (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/22 Rpt: 6/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkley, Austin (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Dustin <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Galveston Fire Department
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cagle, Collin (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$11.55
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cangelosi, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/22 Rpt: 7/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavataio, Brody <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Travis (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jonathan (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz Jr., Rogelio (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dieringer III, John (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/22 Rpt: 8/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dill, Austin <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dimas, Ian Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Jeremy (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson, Donald (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duepner Jr., Gregory (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/22 Rpt: 9/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkerley, Ryan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elia, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eureste, Joe (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fearrington, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/22 Rpt: 10/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Mark (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Jerimiah (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Corey (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/22 Rpt: 11/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauert, Jared (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Travis (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Thomas (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Robert (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooter, Justin (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/22 Rpt: 12/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbell, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Jared (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Jarod (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Stewart (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/22 Rpt: 13/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen Jr., Jens (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kevin (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Timothy (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Dustin (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Steven (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/22 Rpt: 14/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick, Nathan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Shea (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kothmann, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMoine, Jason (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/22 Rpt: 15/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Luis (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutringer, Matthew (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luza, John (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahady, Mark (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$69.25
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malbrough, Christopher (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/22 Rpt: 16/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Migliore, Adam (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Jr., Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$138.45
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moses, Martin (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/22 Rpt: 17/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Tobias (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ovalle, Tatana (Mrs.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Zeferino (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pride, John (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Noel (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$69.25
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/22 Rpt: 18/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rico III, Johnnie (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$23.00
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Jordan (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/22 Rpt: 19/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Searles Jr., Andrew (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secci, Davide (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauck, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Devin (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/22 Rpt: 20/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, James (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Keegan (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Gerardo (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/22 Rpt: 21/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, James (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, William (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbina Jr., Anastacio (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandyke, Benjamin (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$69.25
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villanueva Jr., Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/22 Rpt: 22/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadyka, Patrick (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Patrick (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber Jr., Danny (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) city of galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kevin (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Chris (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/22 Rpt: 23/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahara, Scott (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaro, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) clouser III, Gerald (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) echterling, brennon <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) goff, stewart (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/22 Rpt: 24/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) healy, mason (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hernandez, julio (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hubenak, caleb (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) nortarnicola, Nicola (Mr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roberts, sean <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) firefighter		Employer (See Instructions) City of Galveston



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/22 Rpt: 25/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) stepanski, kandess <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$92.30
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) City of Galveston
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) yancey, James (Mr.) Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$92.30
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Galveston

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 26/36

2 FILER NAME

The Galveston Firefighters Association

3 Filer ID (Ethics Commission Filers)  
00058251

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 27/36
<b>2</b> FILER NAME The Galveston Firefighters Association		<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/9 Rpt: 28/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/28/2025	<b>5</b> Payee name CVS Pharmacy	
<b>6</b> Amount (\$) \$11.68  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2425 Avenue J  Galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$48.50  <input type="checkbox"/> Expenditure from corporate funds	Payee name Cafe canela  Payee address; City; State; Zip Code 6105 Stewart rd  Galveston , TX 77551	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 block walkers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Goff, Stewart (Mr.)  Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Galveston, TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
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.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 29/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/31/2025	<b>5</b> Payee name Healy, Mason (Mr.)	
<b>6</b> Amount (\$) \$599.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Galveston, TX 77554	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking pay
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/14/2025	Candidate/Officeholder name Hubbell, Carl (Mr.)	
Amount (\$) \$175.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 11/14/2025	Payee name Hubbell, Carl (Mr.)	
Amount (\$) \$175.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2514 Sealy Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/20/2025	Candidate/Officeholder name Hubenak , Caleb	
Amount (\$) \$1,137.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 11/20/2025	Payee name Hubenak , Caleb	
Amount (\$) \$1,137.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 823 26th street Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 block walking expense
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.

<b>1</b> Total pages Schedule F1: Sch: 3/9 Rpt: 30/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 11/10/2025	<b>5</b> Payee name Jackson, Stewart	
<b>6</b> Amount (\$) \$137.50  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2516 sealy st  Galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Payee name Kendrick, Robert	
Amount (\$) \$162.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4000 Ave N  Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2025	Candidate/Officeholder name Payee name Lopez, Luis (Mr.)	
Amount (\$) \$599.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2514 Sealy  Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 block walking expense
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.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 31/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Marios	
<b>6</b> Amount (\$) \$110.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 628 Seawall blvd  Galveston, TX 77551	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 block walkers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Mr.Taco	
Amount (\$) \$162.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4114 Seawall Blvd  Galveston, TX 77551	
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 block walkers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2025	Candidate/Officeholder name Next day flyers	
Amount (\$) \$955.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 Haskell Ave.  VAN NUYS, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 flyers
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.

<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 32/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/30/2025	<b>5</b> Payee name San Luis Restaurant	
<b>6</b> Amount (\$) \$160.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5222 SEAWALL GALVESTON, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 block walkers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Smith, Keegan	
Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2514 Sealy  Galveston, TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Sunoco	
Amount (\$) \$5.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3825 broadway  galveston, TX 77551	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense beverages for block walkers
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.

<b>1</b> Total pages Schedule F1: Sch: 6/9 Rpt: 33/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/27/2025	<b>5</b> Payee name The spot	
<b>6</b> Amount (\$) \$84.39  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3204 Seawall  Galveston, TX 77551	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 block walkers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Wadyka Jr., Patrick (Mr.)	
Amount (\$) \$675.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2514 Sealy  Galveston, TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Young, Chris	
Amount (\$) \$862.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 823 26th Street  Galveston , TX 77551	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking expense
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.

<b>1</b> Total pages Schedule F1: Sch: 7/9 Rpt: 34/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 11/10/2025	<b>5</b> Payee name burnett, dustin	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2514 Sealy  galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name dimas, lan		
Amount (\$) \$927.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 823 26th street  Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name el jardin		
Amount (\$) \$68.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 413 24th st  Galveston, TX 77550	
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 block walkers
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.

<b>1</b> Total pages Schedule F1: Sch: 8/9 Rpt: 35/36	<b>2</b> FILER NAME The Galveston Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers) 00058251
<b>4</b> Date 10/30/2025	<b>5</b> Payee name el jardin	
<b>6</b> Amount (\$) \$49.60  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 413 24th st  Galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 block walkers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name hoff, tommy		
Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 823 26th street  Galveston , TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name pena, zeferino		
Amount (\$) \$512.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 823 26th street  Galveston , TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 36/36	2 FILER NAME The Galveston Firefighters Association	3 Filer ID (Ethics Commission Filers) 00058251
4 Date 12/16/2025	5 Payee name red light coffee	
6 Amount (\$) \$9.50  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2728 market st  Galveston, TX 77550	
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 meeting with future candidate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held