

**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) 00015556	2 Total pages filed: 13
<b>3 COMMITTEE NAME</b> Committee for Public Safety Fort Worth Police Officer's Association		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/24/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged	
<b>4 COMMITTEE ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 N Forest Park Blvd Suite 200 Fort Worth, TX 76102  <input type="checkbox"/> Change of Address			
<b>5 CAMPAIGN TREASURER NAME</b>  MS / MRS / MR FIRST David  NICKNAME LAST Cook	MI		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b>  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2501 Parkview Dr. Ste. 600 Fort Worth, TX 76102  (Residence or Business)			
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2501 Parkview Dr. Ste. 600  <input type="checkbox"/> Change of Address Fort Worth, TX 76102			
<b>8 CAMPAIGN TREASURER PHONE</b>  AREA CODE PHONE NUMBER EXTENSION (555) 555-5555			
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination
<b>10 PERIOD COVERED</b>	Month Day Year 07/01/2025	Month Day Year THROUGH 12/31/2025	
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff  <input type="checkbox"/> Special <input type="checkbox"/> Other

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## **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

**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.

David Cook

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**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE**

**FORM GPAC  
ADDENDUM**

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<b>12 COMMITTEE NAME</b> Committee for Public Safety Fort Worth Police Officer's Association		<b>13 FILER ID</b> (Ethics Commission Filers) 00015556
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sherri Wagner Criminal District Court Judge, Tarrant Co.  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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	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.)	Jeanette Martinez Fort Worth City Council

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 13

<b>17</b> COMMITTEE NAME Committee for Public Safety Fort Worth Police Officer's Association	<b>18</b> FILER ID (Ethics Commission Filers) 00015556
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
9. <input type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/2 Rpt: 5/13
<b>2</b> FILER NAME Committee for Public Safety Fort Worth Police Officer's Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015556
<b>4</b> Date 07/08/2025	<b>5</b> Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	<b>7</b> Amount of contribution (\$) \$5,521.66
Date 07/23/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,531.66
Date 08/06/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,531.66
Date 08/18/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,527.66
Date 09/03/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,727.66
Date 09/24/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,726.66
Date 10/03/2025	Corporation / Labor Organization name Fort Worth Police Officers' Assn ..... Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102	Amount of contribution (\$) \$5,649.66

**MONETARY CONTRIBUTIONS FROM  
CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule C1: Sch: 2/2 Rpt: 6/13</p>
<p><b>2</b> FILER NAME Committee for Public Safety Fort Worth Police Officer's Association</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00015556</p>
<p><b>4</b> Date 10/22/2025</p>	<p><b>5</b> Corporation / Labor Organization name Fort Worth Police Officers' Assn</p>	<p><b>7</b> Amount of contribution (\$) \$5,649.66</p>
	<p><b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102</p>	
<p>Date 10/28/2025</p>	<p>Corporation / Labor Organization name Fort Worth Police Officers' Assn</p>	<p>Amount of contribution (\$) \$5,644.66</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102</p>	
<p>Date 11/12/2025</p>	<p>Corporation / Labor Organization name Fort Worth Police Officers' Assn</p>	<p>Amount of contribution (\$) \$5,628.66</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102</p>	
<p>Date 12/10/2025</p>	<p>Corporation / Labor Organization name Fort Worth Police Officers' Assn</p>	<p>Amount of contribution (\$) \$5,633.66</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102</p>	
<p>Date 12/30/2025</p>	<p>Corporation / Labor Organization name Fort Worth Police Officers' Assn</p>	<p>Amount of contribution (\$) \$5,603.66</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Fort Worth , TX 76102</p>	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 7/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 09/02/2025	5 Payee name CLEAT PAC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 400 W. 14th St. Suite 100 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Cornerstone Bookkeeping	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 161726  Fort Worth, TX 76161	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Cornerstone Bookkeeping	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 161726  Fort Worth, TX 76161	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 8/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 09/04/2025	5 Payee name Cornerstone Bookkeeping	
6 Amount (\$) \$350.00	7 Payee address; City; PO Box 161726  Fort Worth, TX 76161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Cornerstone Bookkeeping	
Amount (\$) \$350.00	Payee address; City; PO Box 161726  Fort Worth, TX 76161	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Cornerstone Bookkeeping	
Amount (\$) \$350.00	Payee address; City; PO Box 161726  Fort Worth, TX 76161	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 9/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 12/03/2025	5 Payee name Cornerstone Bookkeeping	
6 Amount (\$) \$350.00	7 Payee address; City; PO Box 161726  Fort Worth, TX 76161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name First Financial Bank	
Amount (\$) \$5.00	Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name First Financial Bank	
Amount (\$) \$5.00	Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 10/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556	
4 Date 08/01/2025	5 Payee name First Financial Bank		
6 Amount (\$) \$5.00	7 Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/10/2025	Payee name First Financial Bank		
Amount (\$) \$5.00	Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/01/2025	Payee name First Financial Bank		
Amount (\$) \$5.00	Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 11/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 12/01/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$5.00	7 Payee address; City; 1000 Forest Park Blvd  Fort Worth, TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Guardian Public Strategies	
Amount (\$) \$3,000.00	Payee address; City; 815-A Brazos St. Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Guardian Public Strategies	
Amount (\$) \$3,000.00	Payee address; City; 815-A Brazos St. Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 12/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 08/29/2025	5 Payee name Guardian Public Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 815-A Brazos St. Suite 304 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Guardian Public Strategies	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 815-A Brazos St. Suite 304 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Guardian Public Strategies	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 815-A Brazos St. Suite 304 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 13/13	2 FILER NAME Committee for Public Safety Fort Worth Police Officer's	3 Filer ID (Ethics Commission Filers) 00015556
4 Date 12/03/2025	5 Payee name Guardian Public Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 815-A Brazos St. Suite 304 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Martinez, Jeanette	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3928 Townsend Dr  Fort Worth, TX 76110	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Wagner, Sherri	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 374  Crowley, TX 76036	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held