

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **3**

3 COMMITTEE NAME

Round Rock Firefighters Association

OFFICE USE ONLY

Date Received

JAN 20 '26 AM 10:58

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Round Rock Tx 78664

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Bradley

T

NICKNAME

LAST

SUFFIX

Silva

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Austin Tx 78723

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Round Rock Tx 78664

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE



January 15



30th day before election



Exceeded Modified Reporting Limit



July 15



8th day before election



Dissolution Report (Attached PAC-FR)



Runoff



10th day after campaign treasurer termination

10 PERIOD
COVERED

Month Day Year

09 / 19 / 2025

THROUGH

Month Day Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

05 / 02 / 2026

ELECTION TYPE



Primary



Runoff



Other



General



Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>Round Rock Firefighters Association</u>		13 Filer ID (Ethics Commission Filers)									
14 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary.)</small> <input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small> <input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small> <input type="checkbox"/> ASSIST <small>(Officeholder)</small>	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <table style="width:100%;"> <tr> <td style="width:50%;">BALLOT IDENTIFICATION / #</td> <td style="width:50%;">ELECTION DATE</td> </tr> <tr> <td><u>Proposition B</u></td> <td> <div style="display: flex; justify-content: space-between;"> <div>Month <u>05</u></div> <div>Day <u>02</u></div> <div>Year <u>2026</u></div> </div> </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td colspan="2"><u>NFPA 1710 Minimum Staffing Levels and Response</u></td> </tr> </table>		BALLOT IDENTIFICATION / #	ELECTION DATE	<u>Proposition B</u>	<div style="display: flex; justify-content: space-between;"> <div>Month <u>05</u></div> <div>Day <u>02</u></div> <div>Year <u>2026</u></div> </div>	DESCRIPTION		<u>NFPA 1710 Minimum Staffing Levels and Response</u>	
	BALLOT IDENTIFICATION / #	ELECTION DATE									
	<u>Proposition B</u>	<div style="display: flex; justify-content: space-between;"> <div>Month <u>05</u></div> <div>Day <u>02</u></div> <div>Year <u>2026</u></div> </div>									
	DESCRIPTION										
<u>NFPA 1710 Minimum Staffing Levels and Response</u>											
<input checked="" type="checkbox"/> MEASURE											
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>									
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>									
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>									
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>									
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>									
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>									

16 SIGNATURE 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.

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

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.

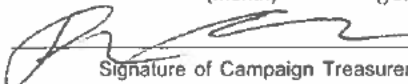
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
OR		

(2) Unsworn Declaration

My name is Bradley Silva, and my date of birth is [REDACTED]

My address is [REDACTED] (street), Austin (city), Tx (state), 78723 (zip code)(country)

Executed in Tarrant County, State of Texas, on the 14 day of January, 2026.
(month) (year)


 Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Round Rock Firefighter Association</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ 0
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM ASTA
PG 1

See ASTA Instruction Guide for detailed instructions. If you are involved in a School District Bond Election, you must file Form ASTA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.		1 Total pages filed: 2	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged	
2 COMMITTEE NAME Round Rock Firefighters Association		3 FILER ID #		
4 COMMITTEE NAME	<input type="checkbox"/> NEW			
5 COMMITTEE ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			
6 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI LAST NICKNAME SUFFIX			
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW STREET ADDRESS: APT / SUITE #: CITY: STATE: ZIP CODE			
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	<input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			
9 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()			
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX			
11 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. <div style="text-align: right;"> _____ Signature of Campaign Treasurer </div>			
12 ASSISTANT CAMPAIGN TREASURER (see instructions)	<input type="checkbox"/> NEW FIRST MI LAST SUFFIX			
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			
14 ASSISTANT CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()			

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**AMENDMENT: SPECIFIC-PURPOSE COMMITTEE
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM ASTA
PG 2**

15 COMMITTEE NAME <i>Round Rock Firefighters Association</i>		16 FILER ID #
17 COMMITTEE PURPOSE <input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME	
	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADD <input checked="" type="checkbox"/> SUPPORT MEASURE <input type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / # <i>Proposition B</i>	ELECTION DATE Month Day Year <i>05 / 02 / 2026</i>
	DESCRIPTION <i>NFPA 1710 minimum staffing and Response times.</i>	
18 MODIFIED REPORTING DECLARATION	NEW	
	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p>••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••</p> <p>••The modified reporting declaration is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>The committee does not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Campaign Treasurer</p>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileARepor.php>

This appointment is effective on the date it is filed with the appropriate filing authority.