

**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: <b>8</b>
3 COMMITTEE NAME <b>Round Rock Firefighters Association</b>		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # <b>P.O. Box 5028</b>	CITY: STATE: ZIP CODE <b>Round Rock, Tx 78664</b>	Date Received <b>Apr 2 '26</b> <b>af</b>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Bradley</b>	MI <b>T</b>
	NICKNAME <b>Silva</b>	LAST	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	CITY: STATE: ZIP CODE <b>Austin, Tx 78723</b>	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #	CITY: STATE: ZIP CODE <b>Austin, Tx 78723</b>	Receipt # Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
9 REPORT TYPE	Date Imaged		
	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>01 / 01 / 2026</b> <b>03 / 23 / 2026</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 02 / 2026</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special      Description _____	

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> <u>Round Rock Firefighters Association</u>	<b>13 Filer ID</b> (Ethics Commission Filers)	
<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>  <input checked="" type="checkbox"/> <b>MEASURE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  _____  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  _____  <b>BALLOT IDENTIFICATION / #</b> <u>Proposition B</u> <b>ELECTION DATE</b> Month Day Year <u>05 / 02 / 2026</u>  <b>DESCRIPTION</b> <u>Charter Amendment for Fire Dept Staffing and Performance</u>

<b>15 CONTRIBUTION TOTALS</b>	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>59,700.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>20.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>59,528.81</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>171.19</u>
<b>OUTSTANDING LOAN TOTALS</b>	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.

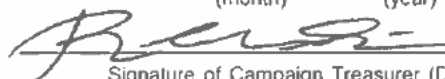
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**(2) Unsworn Declaration**

My name is Bradley Silva, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street), Austin (city), Tx 78723 USA (state) (zip code)(country)

Executed in Williamson County, State of Texas, on the 2<sup>nd</sup> day of April, 2026.  
(month) (year)



Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>Round Rock Firefighters 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		\$
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		\$ <i>59,700.00</i>
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>59,508.81</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>20.00</i>
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>1</b>
2 FILER NAME <b>Round Rock Firefighters Association</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Feb 17<sup>th</sup> 2026</b>	5 Corporation / Labor Organization name <b>Round Rock Association of Professional Firefighters</b>	7 Amount of contribution (\$) <b>\$32,500.00</b>
	6 Corporation / Labor Organization address; City; State; Zip Code <b>2250 Double Creek Dr P.O. Box 5028 Round Rock, Texas 78664</b>	
Date <b>March 9<sup>th</sup> 2026</b>	Corporation / Labor Organization name <b>Round Rock Association of Professional Firefighters</b>	Amount of contribution (\$) <b>\$ 3,000.00</b>
	Corporation / Labor Organization address; City; State; Zip Code <b>2250 Double Creek Dr. P.O. Box 5028 Round Rock, Texas 78664</b>	
Date <b>March 13<sup>th</sup> 2026</b>	Corporation / Labor Organization name <b>Round Rock Association of Professional Firefighters</b>	Amount of contribution (\$) <b>\$ 22,500.00</b>
	Corporation / Labor Organization address; City; State; Zip Code <b>2250 Double Creek Dr P.O. Box 5028 Round Rock, Tx 78664</b>	
Date <b>March 19<sup>th</sup> 2026</b>	Corporation / Labor Organization name <b>Round Rock Association of Professional Firefighters</b>	Amount of contribution (\$) <b>\$ 2,200.00</b>
	Corporation / Labor Organization address; City; State; Zip Code <b>2250 Double Creek Dr. P.O. Box 5028 Round Rock, Tx 78664</b>	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8<sup>55</sup> 2</b>	2 FILER NAME <b>Round Rock Firefighters Association</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-23-26</b>	5 Payee name <b>Vistago Print LLC</b>	
6 Amount (\$) <b>207.84</b>	7 Payee address; City: State: Zip Code <b>6706 Lohman Ford Rd Lago Vista, Texas 78645</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <b>In support of Prop B Printing Yard Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-23-26</b>	Payee name <b>Alpha Print Services</b>	
Amount (\$) <b>1,800.97</b>	Payee address; City: State: Zip Code <b>1102 S. Industrial Blvd Round Rock, Texas 78681</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Services</b>	Description <b>In support of Prop B Printing T-shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-23-26</b>	Payee name <b>Lime Media</b>	
Amount (\$) <b>22,000.00</b>	Payee address; City: State: Zip Code <b>2700 Observation Trl Rockwall, Texas 75082</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>In support of Prop B Advertising Trucks to operate during election lead up.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: \$B 2	<b>2</b> FILER NAME Round Rock Firefighters Association	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-26-2026	<b>5</b> Payee name Mike Stevens	
<b>6</b> Amount (\$) 32,500.00	<b>7</b> Payee address; City: State: Zip Code 6923 Indiana Ave. Lubbock, Texas 79413	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description In support of Prop B Comprehensive Plan for Campaign Activities w/ mail and phone calls.
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-12-2026	Payee name Mike Stevens	
Amount (\$) 1,750.00	Payee address; City: State: Zip Code 6923 Indiana Ave Lubbock, Tx 79413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description In support of Prop B Social Media Development
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-12-2026	Payee name Mike Stevens	
Amount (\$) 1,250.00	Payee address; City: State: Zip Code 6923 Indiana Ave. Lubbock, Tx 79413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description In support of Prop B Text and Email Reaches Voters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Round Rock Firefighters Association	3 Filer ID (Ethics Commission Filers)
--------------------------------	---	---------------------------------------

4 Date 3-23-26	5 Payee name Velocity Credit Union
-------------------	---------------------------------------

6 Amount (\$) 20.00	7 Payee address; City State Zip Code 900 Round Rock Ave Round Rock, Texas 78681
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Banking	(b) Description (See instructions regarding type of information required.) Fee for wire transfer
--------------------------	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City State Zip Code
-------------	------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City State Zip Code
-------------	------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City State Zip Code
-------------	------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

### OFFICE USE ONLY

Date Received

APR 2 '26 PM 3:47

Method of Delivery

Date Processed

1 FILER ID:  
(Ethics Commission filers)

2 NAME OF FILER  
(PLEASE TYPE OR PRINT)

Round Rock Firefighters Association

3 TYPE OF FILER

- CANDIDATE/ OFFICEHOLDER
- POLITICAL COMMITTEE
- JUDICIAL CANDIDATE/ OFFICEHOLDER
- POLITICAL PARTY
- PERSONAL FINANCIAL STATEMENT
- STATE/COUNTY CHAIR
- DIRECT CAMPAIGN EXPENDITURE

4 TYPE OF REPORT

Campaign Finance Report

5 DUE DATE

April 2<sup>nd</sup>, 2026

### 6 UNSWORN DECLARATION:

My name is Bradley Silva, and my date of birth is 10/7/87.

My Address is 4709 Creekwood Rd, Austin, Tx, 78723, USA.  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Williamson County, State of Texas, on the 2 day of April, 2026.

  
Signature of Filer/ Committee Representative  
(Declarant)