#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082400 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Justice & Public Safety PAC Date Received **ELECTRONICALLY FILED** 02/05/2018 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 500 N. Akard St., Ste. 3300 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75201 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Whitney NAME NICKNAME LAST **SUFFIX Tymas** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 500 N. Akard St., Ste. 3300 STREET **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 500 N. Akard St., Ste. 3300 MAILING **ADDRESS** Dallas, TX 75201 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (804) 573-9670 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2018 01/25/2018 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/06/2018 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Justice & Public Safety PAC 000			0008240	0	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Joe Gonzale	es District Attorney	,	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,	POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS qualifies for the higher itemization the	S) `	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANT	ΓEES OF LOANS)	\$	90,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	XPENDITURES OF \$100 OR I	LESS, UNLESS ITEN	MIZED \$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	121,307.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	ONTRIBUTIONS MAINTAINEI PERIOD	D AS OF THE LAST	DAY \$	5,924.75
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDI REPORTING PERIOD	ING LOANS AS OF 1	THE \$	0.00
<b>16</b> AFFIDAVIT		l swear, or affirm true and correct a under Title 15, El	and includes all infor	rjury, that the mation requir	e accompanying report is ed to be reported by me
			Ms. Whitr	ney Tymas	
		<del></del>	Signature of Car	mpaign Treas	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said		, tł	nis the	day
of	, 20, to certify \	hich, witness my hand and sea	al of office.		
Signature of officer a	dministering oath	Printed name of officer adminis	stering oath	Title of of	ficer administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

				3 of 7	7
<b>17</b> COM	IMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)	
Texa	as Jus	tice & Public Safety PAC	00082400		
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 90,000	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O		\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 102,691	L.26
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 18,616	5.01
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

Texas Justice & Public Safety PAC 00082400  4 Date 5 Full name of contributor out-of-state PAC (ID#:		MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
2 FILER NAME Texas Justice & Public Safety PAC  4 Date 01/08/2018 Soros, George 6 Contributor address; City; State; Zip Code  New York, NY 10019-9710  5 Full name of contributor out-of-state PAC (ID#:		The Instruction Guide explains how to complete this form.	1	
01/08/2018 Soros, George  6 Contributor address; City; State; Zip Code  New York, NY 10019-9710  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	2		3	Filer ID (Ethics Commission Filers) 00082400
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	4	01/08/2018 Soros, George	7	Amount of Contribution (\$) \$90,000.00
Citalinian Substitute Management Management Substitute Management Substitute Management Management Substitute Management	8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Eyenese | Loan Renavment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Mac Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 5/7	Texas Justice & Public Safety PAC 00082400
4 Date	5 Payee name
01/24/2018	Berlin Rosen, LTD
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12,781.6	2 15 Maiden Lane
	Suite 1600
Expenditure from corporate funds	New York, NY 16023
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	In-Kind Direct Mail to Joe Gonzales for Bexar County District Attorney
• • • • • • • • • • •	<u> </u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
01/24/2018	Berlin Rosen, LTD
Amount (\$)	Payee address; City; State; Zip Code
\$18,616.0	
Ψ20,020.0	Suite 1600
Expenditure from	
corporate funds	New York, NY 16023
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	District Attorney
Complete ONLY if direct	
expenditure to benefit C	/ОН
Date	Payee name
01/10/2018	GBA Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$35,400.0	0 1901 L St NW
	Suite 702
Expenditure from corporate funds	Washington, DC 20036-3511
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORL	Candidate/Officeholder/Political Committee
	In-Kind Polling Services to TOP PAC
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 6/7	Texas Justice & Public Safety PAC 00082400	
4 Date	5 Payee name	
01/18/2018	Harland Clarke	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$155.01	15955 La Cantera Pkwy	
Expenditure from corporate funds	San Antonio, TX 78256	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Printing	
	T tillung	
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/10/2018	Lake Research Partners	
Amount (\$)	Payee address; City; State; Zip Code	
\$29,738.62	1101 17th St NW	
	Suite 301	
Expenditure from corporate funds	Washington, DC 20036-4742	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	County District Attorney	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
01/17/2018	Sourced Strategies, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$6,000.00	P.O. Box 441416	
Expenditure from		
corporate funds	Indianapolis, IN 46244	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
LA LADITORL	Check if Austin, TX, officeholder living expense	
	Research (see previous report)	
0 1. 6		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Texas Justice & Public Safety PAC 00082400 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/24/2018 Berlin Rosen, LTD Amount (\$) Payee address; State; Zip Code City; \$18,616.01 15 Maiden Lane **Suite 1600** Expenditure from New York, NY 16023 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense In-Kind Direct Mail to Joe Gonzales for Bexar County District Attorney Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH