## 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)     2       00082717     2					2 Total pages filed: 5	
3 COMMITTEE NAME				OFFICE USE ONLY		
	Texas Heritage PA	NC .			Date Received	
					ELECTRONICALLY	EII ED
					07/03/2023	TILLD
					0770372023	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CODE		
	ADDITESS	PO BOX 88			Date Hand-delivered or Date P	ostmarked
	Change of Address					
		Gainesville, TX 76241			Receipt # Amo	ount
					Date Processed	
					Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST			MI	
	TREASURER NAME	Mr. Ray				
		NICKNAME LAST			SUFFIX	
		Nichols				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY;	STATE;	ZIP CODE
ľ	TREASURER	1002 South Denton Street			STATE,	ZII CODE
	STREET					
	ADDRESS					
	(Residence or Business)	Gainesville, TX 76240				
7		STREET OR PO BOX;		APT / SUITE #; CITY	; STATE;	ZIP CODE
	TREASURER MAILING	1002 South Denton Street				
	ADDRESS					
	Change of Address	Gainesville, TX 76240				
_						
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	ΕX	TENSION		
PHONE (940) 736-4190						
_	DEDODT					
9	REPORT TYPE	January 15	0th	day before election	Dissolution (Attach PAC	-DR)
			th d	ay before election	10th day after campaign	treasurer
		X July 15		<u> </u>	termination	
		— Ц,	Runo	Π		
10	PERIOD	Month Day Year		Month Day	Year	
	COVERED	01/01/2023 T	ΉR	OUGH 06/30/202	3	
11	ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	Prim	ary Runoff	Other	
			Gen	eral Special		
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For	rms provided by Tex	xas Ethics Commission www.e	thic	cs.state.tx.us	Version V3	.5.1.a18ea2ca

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Texas Heritage PAC			00082717		
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if				
	applicable, classify by party.)				
(Attach lists on plain		D. Orrected			
paper to complete this report if necessary.)		B. Opposed			
report in necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted				
	(Identify by name or, if				
	applicable, classify by party.)				
15 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR	\$	0.00	
		ADE ELECTRONICALLY)	ľ	0.00	
	_	qualifies for the higher itemization threshold			
	2. TOTAL POLITICA		\$	0.00	
L	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES			
TOTALS			\$	0.00	
	4. TOTAL POLITICA				
		LEXPENDITORES	\$	0.00	
CONTRIBUTION		CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY s	7 001 10	
BALANCE OF THE REPORTING PERIOD				7,621.48	
OUTSTANDING		AMOUNT OF ALL OUTSTANDING LOANS AS OF T	HE		
LOAN TOTALS		REPORTING PERIOD	\$	0.00	
16 AFFIDAVIT					
		the second s			
		I swear, or affirm, under penalty of pen true and correct and includes all inform			
		under Title 15, Election Code.	nation required		
		Mr. Ray	/ Nichols		
		Signature of Car	mpaign Treasu	irer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the			nis the	day	
of, 20, to certify which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath	
Signature of onicer du	ministering batti	This a name of oncer authinistening bath		Jor auministening Dath	
<b></b>					
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca	

SUBTOTALS - GPAC					Сокм GPAC SHEET PG 3 3 of 5
17 COMMITTEE NAME   18 Filer ID     Texas Heritage PAC   00082717					Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SU	JBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	Х	\$	0.00		
4.		\$			
5.		\$			
6.	. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
11	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

PLED	GED CONTRIBU	HONS			SCHEDULE B
The Instruction Guide explains how to complete this form.				1 Total pages Sche Sch: 1/1 Rpt: 4	
Texas He	2 FILER NAME Texas Heritage PAC				nics Commission Filers)
<sup>4</sup> TOTAL (	<sup>4</sup> TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date	Date 6 Full name of pledgorout-of-state PAC (ID#:			_) 8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code	!		
				Check if travel outs	side of Texas. Complete Schedule T.
10 Principal o	occupation / Job title (See Instru	uctions)	11 Employer (See In	nstructions)	

LOANS SCHEDULE E						
The Instruction Guide explains how to complete this for	ges Schedule E: 1 Rpt: 5/5					
2 FILER NAME Texas Heritage PAC		<ul><li>3 Filer ID</li><li>000827</li></ul>	(Ethics Commission File) 17	rs)		
<sup>4</sup> TOTAL OF UNITEMIZED LOANS			\$	0.00		
5 Date of loan 7 Name of lender Out-of-state PAC (I	D#:	)	9 Loan Amount (\$)			
6 Is lender a 8 Lender address; City; State; financial institution?	Zip Code		10 Interest Rate			
			11 Maturity Date			
12 Principal occupation / Job title (See Instructions) 13	Employer (See Instructions)	)				
14 Description of Collateral   15     None   15	Check if personal funds we	re deposited	into political account (See Instructions)			
16 GUARANTOR 17 Name of guarantor INFORMATION			<b>19</b> Amount Guaranteed (	\$)		
not applicable <b>18</b> Guarantor address; City; State;	Zip Code					
20 Principal occupation 21	. Employer (See Instructions)	)				