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) 00070175 3 COMMITTEE NAME **OFFICE USE ONLY** Citizens For Better Government Date Received **ELECTRONICALLY FILED** 07/14/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2509 County Road 1140 Date Hand-delivered or Date Postmarked Change of Address Mt. Pleasant, TX 75455 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David E. NAME NICKNAME LAST **SUFFIX** Bird STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2509 County Road 1140 STREET **ADDRESS** (Residence or Business) Mt. Pleasant, TX 75455 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2509 County Road 1140 MAILING **ADDRESS** Mt. Pleasant, TX 75455 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 577-1712 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|----------------------------|---|-----------------|----------------------------|
| Citizens For Better Gove | ernment | | | 00070175 | |
| 4 COMMITTEE | 1. Candidates | A. Supported | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| - | 2. Масачиса | A. Supported | | | |
| | 2. 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.) | | | | |
| | | DOLITICAL CONTRIBUTE | TIONS (OTHER THAN | <u> </u> | |
| .5 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold | | | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS | | | \$ | 0.00 |
| | (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | * | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ | 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | DAY \$ | 367.15 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | THE \$ | 0.00 |
| 6 AFFIDAVIT | | | | l | |
| 5711157.011 | | true and co | affirm, under penalty of pe rrect and includes all infor 15, Election Code. | | |
| | | | М. В. | ME BM | |
| Mr. Davi | | | | | ror |
| | | | Signature of Ca | mpaign freasu | I EI |
| AFFIX NOTARY S | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed b | pefore me, by the said | | , tł | nis the | day |
| of, | | | | | |
| | | | | | |
| Signature of officer adm | ninistering oath | Printed name of officer ac | dministering oath | Title of office | er administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 5

| | | | | | 0 01 0 | |
|-------------------------------|---|--|--------------|----------------------------|-----------------|--|
| 17 COMMITTEE NAME 18 Filer ID | | | | (Ethics Commission Filers) | | |
| Cit | izens F | | | | | |
| | 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | SUBTOTAL AMOUNT | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 3. | X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION |)R | \$ | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 0.00 | |
| 11. | X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 12. | X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | |
| 13. | X | 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 I TO FILER | RETURNED | \$ | | |
| | | | | | | |

| The instruction Guide explains now to complete this form. 2 FILER NAME Citizens For Better Government 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor | 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 00070175 \$ 0.00 8 Amount of pledge (\$) In-kind description (If applicable) |
|--|---|
| Citizens For Better Government TOTAL OF UNITEMIZED PLEDGES Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code | S Filer ID (Ethics Commission Filers) 00070175 S 0.00 B Amount of pledge (\$) 9 In-kind description (If applicable) |
| TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code | \$ 0.00 B Amount of pledge (\$) |
| 7 Pledgor Address; City; State; Zip Code | pledge (\$) (If applicable) |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) | |
| 11 Employer (See Instruc | tions) |
| | |
| | |

| | LOANS | | | | | SCHEDU | LE E | |
|----|--|-----------------------------------|-----------------|------------------------------|--|---|----------|--|
| | The Instruction Guide explains how to complete this form | | | | | pages Schedule E: 1/1 Rpt: 5/5 | | |
| | 2 FILER NAME Citizens For Better Government | | | | 3 Filer ID (Ethics Commission Filers) 00070175 | | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | \$ | 0.00 | |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | , | 9 Loan Amount (\$) | | |
| | Is lender a financial institution? | 8 Lender address; City | y; State; | Zip Code | | 10 Interest Rate | | |
| | | | | | | 11 Maturity Date | | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Instruction | s) | • | | |
| 14 | Description of Coll None | ateral | | 15 Check if personal funds w | ere deposite | d into political account (See Instructions | | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | <u> </u> | | 19 Amount Guarante | eed (\$) | |
| | not applicable | 18 Guarantor address; City | y; State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Instruction | s) | ı | | |
| | | | | | | | | |