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) 00016232 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Assn. Of Staffing PAC Date Received **ELECTRONICALLY FILED** 01/10/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 143 S Bay Drive Date Hand-delivered or Date Postmarked Change of Address Bullard, TX 75757 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** David NAME NICKNAME LAST **SUFFIX** Anderson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4309 Yoakum STREET **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4309 Yoakum MAILING **ADDRESS** Houston, TX 77006 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 521-6563 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 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

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|--|--|-----------------|----------------------------|--|--|--|
| Texas Assn. Of Staff | ing PAC | 00016232 | | | | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | | | |
| (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 | | | | | |
| | | B. Opposeu | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | | | |
| | | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | | | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 | | | |
| CONTRIBUTION BALANCE | | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | | |
| OUTSTANDING LOAN TOTALS | l l | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | | |
| 16 AFFIDAVIT | • | | • | | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | | | | |
| | David Anderson | | | | | | |
| Signature of Campaign Treasurer | | | | | | | |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | | | | |
| | | , tr | nis 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 office | er administering oath | | | |
| - | - | - | | - | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | 3 of 5 | | |
|-----------------------|---|-----|------|--------|--|--|
| 17 COMMITT | (Ethics Commission Filers) | | | | | |
| Texas As | | | | | | |
| 19 SCHEDUL NAME OF | SUBTOTAL AMOUNT | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 | | | |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 | | | |
| 4. | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | |
| 5. | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | \$ | | | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ | | | | |
| 8. | 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 CONTRIBUTION | \$ | 0.00 | | | |
| 11. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | |
| 12. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | 0.00 | | |
| 13. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | | | |
| 15. | 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | | |
| | | | • | | | |

| PLEI | DGED CONTRIBU | TIONS | | | | SCHEDULE B | | |
|---|--|---------------------|------------------------|--------|-----------------------|--|--|--|
| The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Sch | al pages Schedule B: | | |
| 2 FILER NAME Texas Assn. Of Staffing PAC | | | | 3 | | (Ethics Commission Filers) | | |
| 4 TOTAL | OF UNITEMIZED PLEDO | GES | | | \$ | 0.00 | | |
| 5 Date | Date 6 Full name of pledgor out-of-state PAC (IE 7 Pledgor Address; City; State; Zip Coo | | | 8 | Amount of pledge (\$) | 9 In-kind description (If applicable) | | |
| | 7 Tiedgot / iddiess, | ony, State, Elpoode | | | 7 | | | |
| 10 Principal | occupation / Job title (See Instru | uctions) | 11 Employer (See Instr | uction | | tside of Texas. Complete Schedule T. | | |
| | | | | | , | | | |
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| | | | | | | | | |
| | | | | | | | | |

| | LOANS | | | | | | SCHE | DULE E |
|----|--|--|-----------------|---|---|--|-------------------------------|--------------|
| | The Instruction | ruction Guide explains how to complete this form | | | | | ges Schedule E: L Rpt: 5/5 | |
| 2 | FILER NAME Texas Assn. Of Staffing PAC | | | | 3 Filer ID (Ethics Commission Filers 00016232 | | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | I | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | | 9 Loan Amoun | t (\$) |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Rate | |
| | | | | | | | 11 Maturity Date | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Ins | structions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal funds were deposited into political account (See Instructions) | | | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | <u> </u> | | | 19 Amount Gua | ranteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Ins | structions) | | | |
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