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) 00086803 3 COMMITTEE NAME **OFFICE USE ONLY** America First Generation Date Received **ELECTRONICALLY FILED** 01/13/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 70814 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77270 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Marcos NAME NICKNAME LAST **SUFFIX** Lopez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 56 East Serene Avenue STREET **ADDRESS** 209 (Residence or Business) Las Vegas, NV 89123 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7675 Phoenix Drive, #627 MAILING **ADDRESS** Houston, TX 77030 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (305) 439-7647 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) |
|---|--|--|----------------|----------------------------|
| America First Generation | | 00086803 | | |
| 14 COMMITTEE ACTIVITY | 1. 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 | | |
| | | | | |
| | 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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 352.34 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 776.38 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 457.66 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Mr. Maro | cos Lopez | |
| | | Signature of Cal | mpaign Treasu | rer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , th | nis the | day |
| of | , 20, to certify v | 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 |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 3 of 8 |
|---|---|--|-----------------------------|----------------------------|
| | | EE NAME irst Generation | 18 Filer ID 00086803 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | |
| 2. | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | \$ |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ |
| 4. | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | \$ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | TION OR | \$ |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ |
| 7. | 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | \$ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | DRGANIZATION | \$ |
| 9. | | SCHEDULE E: LOANS | | \$ |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 776.38 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ 185.49 |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District
Travel Out of District

| Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/8 | 2 FILER NAME America First Generation 3 Filer ID (Ethics Commission Filers) 00086803 |
| 4 Date 09/03/2023 | 5 Payee name Legalzoom,com |
| 6 Amount (\$) \$212.95 Expenditure from corporate funds 8 PURPOSE OF | 7 Payee address; City; State; Zip Code 101 North Brand Boulevard 11th Floor Glendale, CA 91203 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Filings |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 11/20/2023 | Payee name VistaPrint |
| Amount (\$) \$211.09 | Payee address; City; State; Zip Code 275 Wyman St |
| Expenditure from corporate funds | Waltham, MA 02451 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing materials |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE |

| | The Instruction Guide explains how to | complete this form. | |
|----------------------------------|---|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 1/4 Rpt: 5/8 | America First Generation | 00086803 | |
| 4 Date | 5 Payee name | | |
| 12/20/2023 | Ebooks.com | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | |
| 70.36 | 27 Railway Rd | | |
| Expenditure from corporate funds | Subiaco Western Australia 6008 Australia | | |
| 8 PURPOSE | | (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Reference material | Encyclopedia of Nonprofit Management, Leadership | |
| | | and Governance | |
| | | | |
| Date | Payee name | | |
| 12/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.59 | 500 108th Ave NE #200 | | |
| Expenditure from | Pallana MA 00004 | | |
| corporate funds | Bellvue, WA 98004 | . | |
| PURPOSE OF | | (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | Office Overhead/Rental Expense | software | |
| | | | |
| Date | Payee name | | |
| 11/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9,59 | 500 108th Ave NE #200 | | |
| Expenditure from | | | |
| corporate funds | Bellvue, WA 98004 | | |
| PURPOSE OF | | (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | Office Overhead/Rental Expense | software | |
| | | | |
| Date | Payee name | | |
| 10/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| | Payee Address; City; State; Zip 500 108th Ave NE #200 | | |
| 9.59 | 300 100til/We WE #200 | | |
| Expenditure from corporate funds | Bellvue, WA 98004 | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Office Overhead/Rental Expense | software | |
| LAI LIIDITORE | | | |
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SCHEDULE |

| | The Instruction Guide explains how to | complete this | form. |
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| 1 Total pages Schedule I: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/4 Rpt: 6/8 | America First Generation | | 00086803 |
| 4 Date | 5 Payee name | | |
| 09/15/2023 | Smartsheet Inc | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | |
| 9.59 | 500 108th Ave NE #200 | | |
| Expenditure from corporate funds | Bellvue, WA 98004 | | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description | (See instructions regarding type of information required.) |
| OF | Office Overhead/Rental Expense | software | . , , |
| EXPENDITURE | | | |
| | | | |
| Date | Payee name | | |
| 08/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.59 | 500 108th Ave NE #200 | | |
| Expenditure from | B.II | | |
| corporate funds | Bellvue, WA 98004 | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description software | (See instructions regarding type of information required.) |
| EXPENDITURE | Onice Overneau/Nemai Expense | Sulware | |
| | | | |
| Date | Payee name | | |
| 08/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.59 | 500 108th Ave NE #200 | | |
| Expenditure from | | | |
| corporate funds | Bellvue, WA 98004 | a > | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description software | (See instructions regarding type of information required.) |
| EXPENDITURE | Office Overficad/Northal Experise | Soliware | |
| | | | |
| Date | Payee name | | |
| 07/15/2023 | Smartsheet Inc | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.59 | 500 108th Ave NE #200 | | |
| Expenditure from | | | |
| corporate funds | Bellvue, WA 98004 | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | • | (See instructions regarding type of information required.) |
| EXPENDITURE | Office Overhead/Rental Expense | software | |
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SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | |
|---|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 3/4 Rpt: 7/8 | America First Generation | 00086803 | |
| 4 Date | 5 Payee name | | |
| 12/15/2023 | Substack | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | |
| | 111 Sutter St 7th Floor | | |
| 5.00 | | | |
| Expenditure from corporate funds | San Francisco, CA 94104 | | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Fees | newsletter subscription | |
| | | | |
| | | | |
| Date | Payee name | | |
| 11/15/2023 | Substack | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 5.00 | 111 Sutter St 7th Floor | | |
| Expenditure from | | | |
| corporate funds | San Francisco, CA 94104 | | |
| PURPOSE | | (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Fees | newsletter subscription | |
| | | | |
| | | | |
| Date | Payee name | | |
| 10/15/2023 | Substack | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 5.00 | 111 Sutter St 7th Floor | | |
| Expenditure from | 05 | | |
| corporate funds | San Francisco, CA 94104 | i | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories)Fees | (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | rees | newsletter subscription | |
| | | | |
| Date | Payee name | | |
| 09/15/2023 | Substack | | |
| | | | |
| Amount (\$) | Payee Address; City; State; Zip 111 Sutter St 7th Floor | | |
| 5.00 | 111 Suller St 7th Floor | | |
| Expenditure from corporate funds | San Francisco, CA 94104 | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) | |
| OF | Fees | newsletter subscription | |
| EXPENDITURE | | | |
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SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | |
|---|--|---|--|
| 1 Total pages Schedule I: | FILER NAME America First Generation | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 4/4 Rpt: 8/8 | | 00086803 | |
| 4 Date 08/15/2023 | 5 Payee name Substack | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | |
| 5.00 | 111 Sutter St 7th Floor | | |
| Expenditure from corporate funds | San Francisco, CA 94104 | | |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | · · | |
| EXPENDITURE | Fees | newsletter subscription | |
| | | | |
| Date | Payee name | | |
| 07/15/2023 | Substack | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 5.00 | 111 Sutter St 7th Floor | | |
| Expenditure from | | | |
| corporate funds | San Francisco, CA 94104 | | |
| PURPOSE OF | I * * * * * * * * * * * * * * * * * * * | (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | Fees | newsletter subscription | |
| | | | |
| Date | Payee name | | |
| 12/15/2023 | The Texan | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.00 | 1011 San Jacinto Blvd. | | |
| Expenditure from | Suite 315 | | |
| corporate funds | Austin, TX 78701 | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Reference | (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | Reference | Newsletter subscription | |
| | | | |
| Date | Payee name | | |
| 11/15/2023 | The Texan | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 9.00 | 1011 San Jacinto Blvd. | | |
| Expenditure from | Suite 315 | | |
| corporate funds | Austin, TX 78701 | (b) December (Conjugate estimate an available to the first section) | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Reference | (b) Description (See instructions regarding type of information required.) Newsletter subscription | |
| EXPENDITURE | | 146 Walletter aubaeription | |
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