

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) 00015975	2 Total pages filed: 7
3 COMMITTEE NAME International Bank Of Commerce Committee for Improvement and Betterment of the Country		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/13/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1200 San Bernardo Ave Laredo, TX 78040		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Jennifer L.	
		NICKNAME	LAST SUFFIX
			Hoff
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE C/O IBC Bank, 130 E. Travis St., Ste 300 San Antonio, TX 78205		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE C/O IBC Bank, 130 E. Travis St., Ste 300 San Antonio, TX 78205		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE C/O IBC Bank, 130 E. Travis St., Ste 300 San Antonio, TX 78205		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE C/O IBC Bank, 130 E. Travis St., Ste 300 San Antonio, TX 78205		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(713) 320-6803	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/29/2023		12/31/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME International Bank Of Commerce Committee for Improvement and Betterment of the	13 Filer ID (Ethics Commission Filers) 00015975
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,501.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jennifer L. Hoff

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME International Bank Of Commerce Committee for Improvement and Betterment of the		18 Filer ID (Ethics Commission Filers) 00015975
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAME International Bank Of Commerce Committee for Improvement and Betterment of the		3 Filer ID (Ethics Commission Filers) 00015975
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC Committee Improvement & Betterment of the Country/FED PAC <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$7,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC Committee Improvement & Betterment of the Country/FED PAC <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC Committee Improvement & Betterment of the Country/FED PAC <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC Committee Improvement & Betterment of the Country/FED PAC <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/7	2 FILER NAME International Bank Of Commerce Committee for	3 Filer ID (Ethics Commission Filers) 00015975
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4 Date 11/09/2023	5 Payee name Dade Phelan Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 848 Nederland, TX 77627
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2023	Payee name David E. Garcia Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 719 Chihuahua St. #105 Laredo, TX 78040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2023	Payee name Dr. Tyler King Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7942 Elka Loop Laredo, TX 78045
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/7	2 FILER NAME International Bank Of Commerce Committee for	3 Filer ID (Ethics Commission Filers) 00015975
4 Date 12/01/2023	5 Payee name Greg Bonnen Campaign	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1183 Friendswood, TX 77549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name John Whitmire Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 41964 Houston, TX 77241	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Morgan LaMantia for Texas Senate	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E. Madison St Brownsville , TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/7	2 FILER NAME International Bank Of Commerce Committee for	3 Filer ID (Ethics Commission Filers) 00015975
4 Date 12/11/2023	5 Payee name Ruben Gutierrez Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 210 Idaho Street Laredo , TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held