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) 00016576	2 Total pages filed: 5		
3 COMMITTEE NAME		OFFICE USE ONLY			
Apartment Association of Southeast Texas Political Action Committee			Date Received ELECTRONICALLY FILED 01/15/2024		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	1		
ADDRESS	6845 Phelan Blvd.		Date Hand-delivered or Date Postmarked		
Change of Address					
	Beaumont, TX 77706		Receipt # Amount		
			Date Processed		
			Date Imaged		
			Date imageu		
5 CAMPAIGN	MS / MRS / MR FIRST		MI		
TREASURER NAME	Ms. Dana S.				
	NICKNAME LAST		SUFFIX		
	Evans				
A					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
STREET	6845 Phelan Blvd.				
ADDRESS (Residence or Business)	Decument TV 77700				
7 CAMPAIGN	Beaumont, TX 77706 STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
TREASURER	6845 Phelan Blvd.	AFT/SOITE#, CITT	, STATE, ZIF CODE		
MAILING ADDRESS	0043 FIIelan Bivu.				
	Beaumont, TX 77706				
Change of Address					
8 CAMPAIGN TREASURER		EXTENSION			
PHONE	(409) 899-4455				
9 REPORT	X January 15 30	th day before election			
TYPE		th day before election	Dissolution (Attach PAC-DR)		
	8ti	n day before election	10th day after campaign treasurer termination		
		inoff			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	07/01/2023 TH	IROUGH 12/31/2023	3		
11 ELECTION	ELECTION DATE		Dothor		
		rimary Runoff	Other		
		ieneral Special			
GO TO PAGE 2					
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	12 COMMITTEE NAME 13 Filer			(Ethics Commission Filers)
Apartment Association of	of Southeast Texas Pol	litical Action Committee	0001657	76
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		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	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)	\$	30.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	3,453.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,906.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,622.10
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Dana	a S. Evans	
		Signature of Car	npaign Trea	Isurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of o	fficer administering oath
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SUBTOTALS - GPAC	FORM GPAC OVER SHEET PG 3 3 of 5	
	Filer ID 00016576	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
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 ORG.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Apartment Association of Southeast Texas Political Action Committee 00016576 4 Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 7 07/17/2023 \$30.00 Roblin, Karen (Mrs.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Apartment Manager **Eagles Landing Apartments**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Apartment Association of Southeast Texas Political Action 00016576
4 Date	5 Payee name
11/09/2023	Apartment Association of Southeast Texas
\$3,453.00	7 Payee address; City; State; Zip Code 1011 San Jacinto Blvd
ა .,455.00	
Expenditure from corporate funds	Austin, TX 78701
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held