

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) 00052956 | 2 Total pages filed: 10 |
| 3 COMMITTEE NAME West U Area Democrats | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/15/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 300 St. Joseph Parkway #424 Houston, TX 77002-8702 | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Ms. | Suzanne | |
| | | NICKNAME | SUFFIX |
| | | LAST | |
| | | Biggs-Diecks | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 St. Joseph Parkway #424 Houston, TX 77002-8702 | | |
| | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4119 Cason Houston, TX 77005 | | |
| | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 829-9226 | |
| 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 |
| | 07/01/2023 | | 12/31/2023 |
| 11 ELECTION | ELECTION DATE Month Day Year 11/01/2023 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 West U Area Democrats | 13 Filer ID (Ethics Commission Filers) 00052956 |
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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) | \$ 1,569.12 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 250.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3,722.23 |
| 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.

Ms. Suzanne Biggs-Diecks
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 West U Area Democrats | | 18 Filer ID (Ethics Commission Filers) 00052956 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,569.12 |
| 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 | \$ 250.00 |
| 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: 1/6 Rpt: 4/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 08/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Lisa (Mrs.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77005 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, Jean (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77005-1313 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, Paulette (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77005-1313 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, Robin (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77024 | |
| Principal occupation / Job title (See Instructions) Psychologist | | Employer (See Instructions) Self |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Linda (Mrs.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 08/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Michael (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77005 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frates, Sarah (Mrs.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77002 | |
| Principal occupation / Job title (See Instructions) Housewife | | Employer (See Instructions) Housewife |
| Date 09/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frates Jr., Ralph (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77002 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Physician |
| Date 09/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fyke, Steven (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geterberg, Tom (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 09/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Wanda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) None |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Rose (Ms.) <hr/> Contributor address; City; State; Zip Code Houton, TX 77005 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Darla (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$48.03 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karian, Ara (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$24.01 |
| Principal occupation / Job title (See Instructions) CFP | | Employer (See Instructions) Self |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohnert, Peggy (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$96.05 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 09/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005 | 7 Amount of Contribution (\$) \$24.01 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Erik (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$24.01 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Coleton (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$24.01 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morimoto, Colleen (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$24.01 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 08/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogg, Kim (Ms.) | 7 Amount of Contribution (\$) \$24.02 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77265 | |
| 8 Principal occupation / Job title (See Instructions) Campain | | 9 Employer (See Instructions) Nominee |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Linda (Ms.) | Amount of Contribution (\$) \$24.01 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Marlene (Ms.) | Amount of Contribution (\$) \$24.01 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salomon, Lauren (Mrs.) | Amount of Contribution (\$) \$96.05 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) House wife | | Employer (See Instructions) Self |
| Date 08/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jay (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/10 |
| 2 FILER NAME West U Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00052956 |
| 4 Date 08/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thursland, William (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005 | 7 Amount of Contribution (\$) \$33.61 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |

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: 1/1 Rpt: 10/10 | 2 FILER NAME West U Area Democrats | 3 Filer ID (Ethics Commission Filers) 00052956 |
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|-----------------------------|--|
| 4 Date 08/10/2023 | 5 Payee name Democrats, Bellaire/Braeswood (Agent) |
|-----------------------------|--|

| | |
|--|--|
| 6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code Bellire, TX 77401 |
|--|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------------|
| Date 08/04/2023 | Payee name Montoe, Marie (Ms.) |
|--------------------|-----------------------------------|

| | |
|--|--|
| Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4118 Milton Houston, TX 77005 |
|--|--|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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