

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) 00086031	2 Total pages filed: 7
3 COMMITTEE NAME Hispanic Conservatives of Montgomery County		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1308 South 7th Street Conroe, TX 77301	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Maribel S.	
		NICKNAME LAST SUFFIX Frank	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15683 E Relza Drive Splendora, TX 77372	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1308 S. 7th Street Conroe, TX 77301	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 370-4743	
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 Month Day Year 07/01/2023 THROUGH 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 type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Hispanic Conservatives of Montgomery County	13 Filer ID (Ethics Commission Filers) 00086031
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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)	\$ 2,765.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,836.49
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.

Mrs. Maribel S. Frank

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 Hispanic Conservatives of Montgomery County		18 Filer ID (Ethics Commission Filers) 00086031
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,765.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,657.65
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: 1/2 Rpt: 4/7
2 FILER NAME Hispanic Conservatives of Montgomery County		3 Filer ID (Ethics Commission Filers) 00086031
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armenta, Benjamin (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Katy, TX 77494		
8 Principal occupation / Job title (See Instructions) Board Member		9 Employer (See Instructions) Hispanic Republicans of Texas PAC
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kenneth (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Willia, TX 77378		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kent Chambers, Attorney at Law
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gable, Ryan (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Spring, TX 77393		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Montgomery County
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKAUGHAN, DANIEL (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions) VICE PRESIDENT OF BUSINESS DEVELOPMENT		Employer (See Instructions) APCON SERVICES, LLC
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Bettie (Mrs.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Spring, TX 77386		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Hispanic Conservatives of Montgomery County		3 Filer ID (Ethics Commission Filers) 00086031
4 Date 11/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northshore Republican Women PAC <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77378	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northshore Republican Women PAC <hr/> Contributor address; City; State; Zip Code Willis, TX 77378	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odenweller, Misty (Mrs.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PROSKE, LAURA (Mrs.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PROSKE, LAURA (Mrs.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 6/7	2 FILER NAME Hispanic Conservatives of Montgomery County	3 Filer ID (Ethics Commission Filers) 00086031
4 Date 12/07/2023	5 Payee name MAGUIRE, MARIANNA (Mrs.)	
6 Amount (\$) 1,501.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 27119 W BALSAM FIR CIR SPRING, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement for Blankets, Toys, Coloring Books, and Games for Christmas Toy Drive
Date 12/07/2023	Payee name MAGUIRE, MARIANNA (Mrs.)	
Amount (\$) 163.13 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 27119 W BALSAM FIR CIR SPRING, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement for Holiday Party at Kokomo's on 12/4/2023
Date 09/06/2023	Payee name PAYPAL	
Amount (\$) 8.23 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 NORTH FIRST STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fees for Benjamin Armenta (\$7.48) and Kenneth Chambers (\$0.75) Donations.
Date 12/08/2023	Payee name PAYPAL	
Amount (\$) 8.38 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 NORTH FIRST STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fees for Daniel McKaughan (\$4.49) and Laura Proske (\$3.89) Donations.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 7/7	2 FILER NAME Hispanic Conservatives of Montgomery County	3 Filer ID (Ethics Commission Filers) 00086031
4 Date 12/07/2023	5 Payee name Rummell, Katherine (Miss)	
6 Amount (\$) 160.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 25531 Richards Rd Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement for Blankets for Christmas Drive
Date 12/07/2023	Payee name Rummell, Marisa (Mrs.)	
Amount (\$) 705.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25223 Spring Ridge Drive Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement for Blankets and Hats for Christmas Toy Drive
Date 08/07/2023	Payee name Walmart	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2901 Riley Fuzzel Road Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Blankets for Christmas Toy Drive
Date 08/07/2023	Payee name Walmart	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2901 Riley Fuzzel Road Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Blankets for Christmas Toy Drive