#### 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) 00087032 3 COMMITTEE NAME **OFFICE USE ONLY** Alliance PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6200 Savoy Dr, Date Hand-delivered or Date Postmarked Suite 100 Change of Address Houston, TX 77036 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Sabouni STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6200 Savoy Dr. STREET **ADDRESS** Suite 100 (Residence or Business) Houston, TX 77036 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6200 Savoy Dr. MAILING **ADDRESS** Suite 100 Houston, TX 77036 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 656-7382 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** 10/29/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ 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)		
Alliance PAC			00087032			
14 COMMITTEE ACTIVITY	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 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)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			11,471.46		
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 informunder Title 15, Election Code.				
Mr. Michael Sabouni						
	Signature of Campaign Treasurer					
AFFIX NOTARY	STAMP / SEAL ABOVE					
		, th	nis the	day		
of	_, 20, to certify	which, witness my hand and seal of office.				
Signature of officer ac	dministerina oath	Printed name of officer administering oath	Title of office	er administering oath		
2.3			0. 0.110	g out.		

#### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 3 of 5

<b>18</b> Filer ID 00087032	(Ethics Commis	ssion Filers)		
00087032		L AMOUNT		
		L AMOUNT		
	<b> </b>			
	Ţ,	0.00		
	\$	0.00		
3. X 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				
GANIZATION	\$			
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
ORGANIZATION	\$			
	\$	0.00		
NS	\$	0.00		
	\$	0.00		
TIONS	\$	0.00		
	\$	0.00		
TIONS	\$			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
	RATION OR  GANIZATION  R  ORGANIZATION  NS  TIONS	\$ OR \$ RATION OR \$ GANIZATION \$ GANIZATION \$ ORGANIZATION \$ \$ TIONS \$ \$ TIONS \$		

PLEDGED CONTRIBUTIONS	SCHEDULE B		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5		
2 FILER NAME Alliance PAC	3 Filer ID (Ethics Commission Filers) 00087032		
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00		
	8 Amount of pledge (\$)   9 In-kind description (If applicable)		
7 Pledgor Address; City; State; Zip Code	I I I Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)	etions)		

LOANS SCHEDULE E							
	The Instruction Guide explains how to complete this form					ges Schedule E: 1 Rpt: 5/5	
2 FILER NAME 3 Filer ID					3 Filer ID 000870	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS				\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)		
14	Description of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)		