GENERAL-PURPOSE COMMITTEEFORM GPACCAMPAIGN FINANCE REPORTCOVER SHEET PG 1				
The GPAC Instruction Guide	e explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
COMMITTEE NAME	$\bigcirc$	OFFICE USE ONLY		
$\cap$ $()$	T	Date Received		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED		
COMMITTEE ADDRESS	4360 Mill BRANCH DR PROSPER, TX 75078	JAN 16 2024		
Change of Address	PLOSPER, TX 75078			
		Texas Ethics Commission		
	MS/MRS/MR FIRST MI	Date-Hand-delivered or Date Postmarked		
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST B	Receipt # Amount \$		
	NICKNAME LAST SUFFIX	Deprecesed 1.17.24		
	CHARLES	Date Imaged		
CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;	ZIP CODE		
STREET ADDRESS (Residence or Business)	4360 MIN BRAMICH PR			
	PROSPER, TX 75078			
' CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE		
Change of Address				
CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION			
TREASURER PHONE	(317) 941-1212			
9 REPORT TYPE	January 15 30th day before election	Dissolution Report (Attach PAC-DR)		
	July 15 Sth day before election Runoff	10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	Month Day Year		
	7 / 17 /2023 THROUGH	12 / 31 /2023		
11 ELECTION	ELECTION DATE	PE		
	Month Day Year Primary Runoff	Other		
	General Special	Description—		
GO TO PAGE 2				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/17/20				

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## GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

		0			
12 COMMITTEE NAME	GROWND OF TEXA.	5 PAC	13 Filer ID (Ethics Commission Filers)		
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
report if necessary.)	0. Малания	A Quesente d			
	<ol> <li>Measures</li> <li>(Describe by date and location of election and</li> </ol>	A. Supported B. Opposed			
	nature of issue.)	B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF CONTRIBUTIONS MAD	OLITICAL CONTRIBUTIONS (OTHER TH R GUARANTEES OF LOANS, OR DE ELECTRONICALLY) ort qualifies for the higher itemization thr	\$ 5019 69		
	2. TOTAL POLITICAL C (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOAN	e M		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$ Ø		
	4. TOTAL POLITICAL E	XPENDITURES	\$ Ø		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		AST DAY \$ 8,019.68		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS	S OF THE \$		
<b>16</b> SIGNATURE 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.					
Please complete either option below:					
(1) Affidavit					
AFFIX NOTARY STAMP / SEALABOVE					
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         OR       OR       OR					
(2) Unsworn Declaration					
My name is <u>Vaugua</u> , and my date of birth is My address is <u>Y360 Mill BUARCU M</u> , <u>MoSALA</u> , <u>FX</u> , <u>75078</u> , <u>USA</u> .					
Executed in $\underline{MHDM}$ County, State of $\underline{TKA}$ , on the $\underline{/k}$ day of $\underline{J44}$ , $20\underline{J4}$ .					
(month) (year)					
		Signature of	Campaign Treasurer (Declarant)		

SUBTOTALS - GPACFORM GPACCOVER SHEET PG 3				
17 COMMITTEE NAME A MM OW GRANNO OF TEXMS PAL 0008782				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,019,68			
2. SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s Ø			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø			
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	s Ø			
5. SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	s Ø			
6. SCHEDULE C3 : MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	s Ø			
7. SCHEDULE C4 : NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	s Ø			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	s Ø			
9. SCHEDULE E: LOANS	s Ø			
10. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø			
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø			
12. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s Ø			
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s Ø			
14. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s Ø			

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## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME COMMON CHOUNED OF TEXAS PAC	3 Filer ID (Ethics Commission Filers) $0008782^{2}$			
4 Date 5 Full name of contributor Out-of-state PAC (ID#) 11/24/23 PROSPER CITIZEN GROUP PAC	7 Amount of contribution (\$)			
6 Contributor address: City; State; Zip Code MosPhil- T& TSOT8	\$ 8,019,68			
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)       9 AL     A M	ctions)			
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				