FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016535 3 COMMITTEE NAME **OFFICE USE ONLY** Lubbock Apartment Association PAC Date Received **ELECTRONICALLY FILED** 02/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 4227 85th St Change of Address Lubbock, TX 79423-1931 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Tanner NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Noble CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 4227 85th St STREET **ADDRESS** (Residence or Business) Lubbock, TX 76423 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4227 85th St. MAILING **ADDRESS** Change of Address Lubbock, TX 76423 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (806) 794-2037 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

GO TO PAGE 2
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|-------------------------------|--|-------------|----------------------------|
| Lubbock Apartment Association PAC 000 | | | | | 35 |
| 4 COMMITTEE ACTIVITY | | | | | |
| (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 | | | |
| | of election and nature of issue.) | B. Opposed | | | |
| | 3. Officeholders | | | | |
| | Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| 5 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report | OR GUARANTEES MADE ELECTRONIC | CALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLEI | | ONS R GUARANTEES OF LOANS) | \$ | 300.00 |
| 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 | | | T DAY \$ | 6,272.99 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | THE \$ | 0.00 |
| 6 AFFIDAVIT | • | | | • | |
| | | true | ear, or affirm, under penalty of p and correct and includes all info er Title 15, Election Code. | | |
| | | | Mr. Ta | nner Noble | |
| | | | Signature of C | ampaign Tre | asurer |
| AFFIX NOTAR | Y STAMP / SEAL ABOVE | | | | |
| | | | , | this the | day |
| of | , 20, to certify \ | which, witness my h | nand and seal of office. | | |
| | | | | | |
| Signature of officer a | administering oath | Printed name of of | ficer administering oath | Title of o | officer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | 3 of 6 | |
|-----------------------|--|-------------|-----------------|--------------|--|
| 17 COMMITT | EE NAME | 18 Filer ID | (Ethics Commiss | sion Filers) | |
| Lubbock | | | | | |
| 19 SCHEDUL NAME OF | SUBTOTAL AMOUNT | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 300.00 | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | |
| 6. | 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 7. | 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 8. | \$ | | | | |
| 9. X | \$ | 0.00 | | | |
| 10. X | 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | |
| 11. X | 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | |
| 12. X | 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | | | |
| 13. X | 13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | |
| 14. | 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | |
| 15. | \$ | | | | |
| | | | • | | |

| | MONET | ARY POLITICAL CONTRIBU | JTIONS | • | | SCHEDUL | E A1 |
|---|---|--|--------|--|---------|---|-------------|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 | |
| 2 | FILER NAME Lubbock Apartment Association PAC | | | | 3 | Filer ID (Ethics Commission 00016535 | n Filers) |
| 4 | Date 01/12/2024 | 5 Full name of contributor out-of-state PAC (ID#:) 1 Cantu, Jason (Mr.) 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Lubbock, TX 79414 | | | | | |
| 8 | Principal occu Regional Ma | pation / Job title (See Instructions) anager | | mployer (See Instructions igris | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Sams, Preston (Mr.) Contributor address; City; State; Zip Code | | |) | | Amount of Contribution (\$) | \$100.00 |
| | | Tomball, TX 77375 | | | | | |
| | Principal occu President | pation / Job title (See Instructions) | | mployer (See Instructions Juardian Construction | s) | | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#:) /2024 Young, Charles (Mr.) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | | Lubbock, TX 79424 | | (0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | <u></u> | | |
| | Principal occu President | pation / Job title (See Instructions) | | mployer (See Instructions ladera Residential | 5) | | |
| | | | | | | | |

| | | | | la essere es | | |
|---|---|-----------------------|---------------------|------------------------------------|---|--|
| The Instruction Guide explains how to complete this form. 2 FILER NAME | | | | 1 Total pages Sch Sch: 1/1 Rpt: | | |
| | | | | | thics Commission Filers) | |
| | Apartment Association PAC | | | 00016535 | , | |
| 4 TOTAL | OF UNITEMIZED PLED | GES | | \$ | 0.00 | |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: | | t | _) 8 Amount of pledge (\$) | 9 In-kind description (If applicable) | |
| | | | | | ј (паррпсавје) Г | |
| | 7 Pledgor Address; | City; State; Zip Code | e | | ! | |
| | | | | | | |
| | | | | Charle if traval as | I I Itside of Texas. Complete Schedule T. | |
| 10 Princinal | occupation / Job title (See Instri | ıctions) | 11 Employer (See In | | iside di Texas. Complete Schedule 1. | |
| 10 i illicipai | occupation / 305 title (300 main | delions) | Employer (See in | structions) | | |
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| | LOANS | | | | | | SCH | IEDULE E | |
|-------------------------|------------------------------------|--|-----------------|---|-------------|------------------------------|----------------------|-----------------|---|
| | The Instructio | struction Guide explains how to complete this form | | | | ges Schedule E 1 Rpt: 6/6 | ≣: | | |
| 2 | FILER NAME Lubbock Apartm | ent Association PAC | | | 3 | Filer ID 000165 | (Ethics Comn | nission Filers) | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | L | | \$ | 0.0 | 0 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Amo | unt (\$) | _ |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Ra | | |
| | | | | | | | 11 Maturity D | ate | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See In | structions) | | | | |
| 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 G | uaranteed (\$) | |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | | |
| | | | | | | | | | |
| 20 Principal occupation | | | | 21 Employer (See In | structions) | | | | |
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