

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|---|---|----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00070199 | 2 Total pages filed: 6 |
| 3 COMMITTEE NAME Texas Assisted Living Association PAC | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 02/05/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4505 Spicewood Springs Rd., Ste. 350 Austin, TX 78759 | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Diana M. | | |
| | NICKNAME LAST SUFFIX Martinez | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4505 Spicewood Springs Rd., Ste. 350 Austin, TX 78759 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4505 Spicewood Springs Rd., Ste. 350 Austin, TX 78759 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4505 Spicewood Springs Rd., Ste. 350 Austin, TX 78759 | | |
| | AREA CODE PHONE NUMBER EXTENSION (512) 914-3908 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 01/01/2024 THROUGH 01/25/2024 | | |
| | ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <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

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|---|---|
| 12 COMMITTEE NAME Texas Assisted Living Association PAC | 13 Filer ID (Ethics Commission Filers) 00070199 |
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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.) | |

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| 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) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 157,932.98 |
| 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. Diana M. Martinez

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 Texas Assisted Living Association PAC | | 18 Filer ID (Ethics Commission Filers) 00070199 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 2,500.00 |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 110.85 |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 4.50 |

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: 4/6 | 2 FILER NAME Texas Assisted Living Association PAC | 3 Filer ID (Ethics Commission Filers) 00070199 |
| 4 Date 01/16/2024 | 5 Payee name Charles Perry Campaign | |
| 6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 94806 Lubbock, TX 79493 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 5/6 | 2 FILER NAME Texas Assisted Living Association PAC | 3 Filer ID (Ethics Commission Filers) 00070199 |
| 4 Date 01/02/2024 | 5 Payee name BOA Merchant Services | |
| 6 Amount (\$) 110.85 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Bank and credit card fees |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 6/6 |
| 2 FILER NAME Texas Assisted Living Association PAC | | 3 Filer ID (Ethics Commission Filers) 00070199 |
| 4 Date 01/09/2024 | 5 Name of person from whom amount is received BOA Merchant Services | 8 Amount (\$) \$4.50 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Charlotte, NC 28202 | |
| | 7 Purpose for which amount is received BOA Merchant Rewards | <input type="checkbox"/> Check if political contribution returned to filer |