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) 00068732 3 COMMITTEE NAME **OFFICE USE ONLY** Aguirre & Fields LP Political Action Committee Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 7215 New Territory Blvd. Date Hand-delivered or Date Postmarked Suite 100 Change of Address Sugar Land, TX 77479 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Mark D. NAME NICKNAME LAST **SUFFIX** Gribble STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7215 New Territory Blvd. STREET **ADDRESS** Suite 100 (Residence or Business) Sugar Land, TX 77479 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7215 New Territory Blvd. MAILING **ADDRESS** Suite 100 Sugar Land, TX 77479 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 207-2060 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** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Fi	iler ID	(Ethics Commission Filers)
Aguirre & Fields LP Polit	tical Action Committee		00	0068732	
4 COMMITTEE	1. Candidates	A. Supported	•		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magauraa	A. Supported			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Justin Beckendorff	County Commis	ssioner	
F. CONTRIBUTION		DOLUTION CONTRIBUTIONS (OTUE	D THAN		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHE OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	:R THAN	\$	0.00
	2. TOTAL POLITICA			\$	
	(OTHER THAN PLE	OGES, LOANS, OR GUARANTEES OF	LOANS)	*	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	_ EXPENDITURES		\$	650.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	28,292.70	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00	
.6 AFFIDAVIT					
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	ides all information		
			Mr. Mark D. G		ror.
		Sigi	lature of Campaig	jii iieasui	ы
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the	e	day
of	, 20, to certify \	hich, witness my hand and seal of offic	e.		
Signature of officer adn	ninistering oath	Printed name of officer administering oa	ath Ti	itle of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 of 6
				13 Filer ID	(Ethics Commission Filers)
12 COMMITTEE NAME Aguirre & Fields LP Political Action Committ				00068732	2
1. Candidates (Identify by name or, if applicable, classify by party.)					
	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.)		Rep. Jill Dutton	State Represent	tative	
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.)					
	B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. DeWayne E	Burns State Rep	oresentative	
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Jill Dutton A. Supported A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Rep. DeWayne B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Jill Dutton State Represent A. Supported B. Opposed A. Supported Rep. DeWayne Burns State Represent Rep. DeWayne Burns State Represent	tical Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Jill Dutton State Representative A. Supported B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 6	
17 COMMITT Aguirre &	EE NAME Fields LP Political Action Committee	18 Filer ID 00068732	(Ethics Commission Filers)	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 650.00	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 20.40	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 5/6	Aguirre & Fields LP Political Action Committee 00068732			
4 Date	5 Payee name			
01/30/2024	Beckendorff, Justin (Commissioner)			
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 3506 Pitts Road			
Expenditure from corporate funds	Katy, TX 77493			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/02/2024	Burns, DeWayne (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	703 Stonelake Dr			
Expenditure from corporate funds	Cleburne, TX 76033			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/02/2024	Dutton, Jill (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	411 VZCR 4503			
Expenditure from corporate funds	Ben Wheeler, TX 75754			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
-	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				

	NON-POLITICA MADE FROM F	SCHEDULE I					
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Aguirre & Fields LP Political Action Committee	3 Filer ID (Ethics Commission Filers) 00068732				
4	Date 02/16/2024	5 Payee name Frost Bank					
6	Amount (\$) 20.40 Expenditure from	7 Payee Address; City; State; Zip PO Box 1315					
8	corporate funds PURPOSE OF EXPENDITURE	Houston, TX 77251 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank fees	(See instructions regarding type of information required.)				