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) 00086594 3 COMMITTEE NAME **OFFICE USE ONLY** Conservatives for Law Enforcement & Border Security Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 349 Date Hand-delivered or Date Postmarked Change of Address Bulverde, TX 78163 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. J. Christopher NAME NICKNAME LAST **SUFFIX** Byrd STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8029 Devonshire STREET **ADDRESS** (Residence or Business) Spring Branch, TX 78070 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 359 MAILING **ADDRESS** Bulvede, TX 78163 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 249-3559 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

| COMMITTEE NAME | | | 13 Filer ID (| Ethics Commission Filers) |
|---|--|---|------------------|---------------------------|
| Conservatives for Lav | v Enforcement & Border | 00086594 | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Brittany Flower Precinct Chair | 2079 | |
| (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 | | |
| | 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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZEI | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITURES | \$ | 1,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | DAY \$ | 2,298.07 |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | Mr. J. Christopher Byrd | | | |
| | | Signature of Ca | mpaign Treasurer | |
| AFFIX NOTAF | RY STAMP / SEAL ABOVE | | | |
| | | , ti | his 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 |
| Signature of officer of | administering battl | Thinked haine of officer authinistering oath | THE OF OHICE | danimistering batt |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 3 of 4 |
|---|---|--|-----------------------------|----------------------------|
| 17 COMM | | EE NAME ives for Law Enforcement & Border Security | 18 Filer ID 00086594 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | |
| 1. | . SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | |
| 2. | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | \$ |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | \$ |
| 5. | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | \$ |
| 6. | 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | \$ |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ |
| 9. | | SCHEDULE E: LOANS | | \$ |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 1,000.00 |
| 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. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ |
| | | | | |
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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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OUT IES (order to see the control of t

| Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4 | 2 FILER NAME Conservatives for Law Enforcement & Border Security 3 Filer ID (Ethics Commission Filers) 00086594 |
| 4 Date 02/16/20246 Amount (\$) | 5 Payee name Flower, Brittany 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 7825 Rosebank |
| Expenditure from corporate funds | The Colony, TX 75056 |
| 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to Precinct Chair 2079 race. |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |