MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

_						
тł	ne MPAC Instruction	2 Total pages filed: 13				
3	COMMITTEE NAME			OFFICE USE ONLY		
	Lake Highlands/Wł	nite Rock Democrats PAC		Date Received		
	-					
				ELECTRONICALLY FILED		
Ļ				03/01/2024		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
	12211200	P.O. Box 180598				
	Change of Address					
		Daila3; 1X 13210 0350		Date Hand-delivered or Date Postmarked		
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI			
	NAME	Mr. Timoth	iy H.	Receipt # Amount		
		NICKNAME LAST	SUFF	Date Processed		
		Sextor		Date Imaged		
		Sexio	I	Date imaged		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CITY; S	TATE: ZIP CODE		
ľ	TREASURER	9930 Donegal Drive	$E_{j}, A = 1, S = 1, C = 1, C$			
	STREET ADDRESS	9950 Donegai Drive				
	(Residence or Business)					
		Dallas, TX 75218				
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE		
	TREASURER MAILING	PO Box 180598				
	ADDRESS					
	Change of Address	Dallas, TX 75218				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER	(21.4) 222 2222				
	PHONE	(214) 320-8388				
9	REPORT TYPE		10th day after campaign			
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)		
10) MONTHLY					
	REPORT FILING	January 5 A	pril 5 July 5	October 5		
	DEADLINE	February 5 N	lay 5 August 5	November 5		
		X March 5 J	une 5 September 5	December 5		
11	L PERIOD	Month Day Year	Month	n Day Year		
	COVERED	01/26/2024	THROUGH	5/2024		
⊢						
	GO TO PAGE 2					
Ļ	una nun ida da tra Tra		v.ethics.state.tx.us	Version V3.5.1.9000c47f		
-0	inus provided by TeX	GAS FILLICS COLUMISSION WWW	PERIORS STATE IX US	VEISION V.3.5 1 9000C471		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Lake Highlands/White R	ock Democrats PAC			000	69951	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Kim Baily Crimina	al District Court	Judge,	Dallas Co.
(Attach lists on plain paper to complete this report if necessary.)		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.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	OR GUARANT	DNICALLY)	THAN	\$	22.00
	2. TOTAL POLITICA (OTHER THAN PLEI		ITIONS OR GUARANTEES OF LO	DANS)	\$	547.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	320.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL O OF THE REPORTIN		NS MAINTAINED AS OF T	HE LAST DAY	\$	15,976.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE I		LL OUTSTANDING LOAN: ERIOD	S AS OF THE	\$	0.00
16 AFFIDAVIT						
		t	swear, or affirm, under per rue and correct and include Inder Title 15, Election Coc	es all information		
			Μ	r. Timothy H. S	exton	
		-	Signat	ture of Campaign	Treasur	er
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this the		day
			ny hand and seal of office.			
Signature of officer ad	ministering oath	Printed name o	f officer administering oath	Title	e of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V3.5.1.9000c47f

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 3 of 13

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Lake Highlands/White Roo	ck Democrats PAC	_		00069951	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Tina Clinton Court Of	f Appeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Cory Carlyle Court Of	f Appeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Denise Garcia Court	Of Appeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 4 of 13

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Lake Highlands/White Roc	k Democrats PAC			00069951	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Marian Brown Sheriff		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Liz Ginsberg State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Nathan Johnson State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

							Page 5 of 13
						13 Filer ID	(Ethics Commission Filers)
k Democrats PAC						00069951	
1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Th	ieresa D	aniel Cou	nty Cor	nmissioner Pla	ice 1
	B. Opposed						
2. Measures	A. Supported						
(Describe by date and location of election and nature of issue.)							
	B. Opposed						
3. Officeholders Assisted							
applicable, classify by party.)							
	 Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted 	1. Candidates A. Supported (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 B. Opposed 3. Officeholders Image: Calculation of the state of the stat	1. Candidates A. Supported Ms. The field of the second	1. Candidates A. Supported Ms. Theresa D (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 B. Opposed 3. Officeholders Assisted B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Ms. Theresa Daniel Cou Ms. Theresa Daniel Cou B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Ms. Theresa Daniel County Corr B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed	k Democrats PAC 00069951 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Ms. Theresa Daniel County Commissioner Plan B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted B. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COMMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)	
	lands/White Rock Democrats PAC	00069951		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 547.0	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.0	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.0	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$	
5.	\$			
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7.	\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$ 0.0	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 320.7	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.0	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.0	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.0	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 7/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nds/White Rock Democrats PAC		00069951
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/17/2024	Erwin, Stephen (Mr.)		\$35.
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75238		
retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/17/2024	Maxwell, Bill and Daleen (Mr.)		\$50.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75218		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	"
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/17/2024	Ortez, Al (Mr.)		\$60.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75238		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	6)
rancher		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/02/2024	Parker, Tonya (Ms.)		\$35.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75222		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I 3)
Attorney		Self	,
-	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date)	Amount of Contribution (\$)
02/17/2024	Shields, Joanna and Kenneth		\$35.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
1			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME		
	1	Total pages Schedule A1:
		Sch: 2/2 Rpt: 8/13
	3	Filer ID (Ethics Commission Filers)
Lake Highlands/White Rock Democrats PAC		00069951
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)
02/17/2024 Turner, Catherine (Ms.)		\$280.00
6 Contributor address; City; State; Zip Code		
Dallas, TX 75214		
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	uctions)	
Retired		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
02/02/2024 Ziev, Herb (Mr.)		\$30.00
Contributor address; City; State; Zip Code		
Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Employer (See Instru Retired Retired	uctions)	

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lake Highlands/White Rock Democrats PAC 00069951 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS					SCHEDULE	Е
The Instructio	on Guide explains how	to complete this f	orm.		ges Schedule E: 1 Rpt: 10/13	
2 FILER NAME Lake Highlands/	White Rock Democrats PA	С		3 Filer ID 000699	(Ethics Commission File 51	ers)
⁴ TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; Ci	ity; State;	Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupatio	on / Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed	(\$)
not applicable	18 Guarantor address; Ci	ity; State;	Zip Code			
20 Principal occupation)n		21 Employer (See Instructions	5)		

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/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Polling Expense Printing E	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)		
Sch: 1/3 Rpt: 11/13	Lake Highlands/White Rock Democrats PAC		00069951		
4 Date 02/20/2024	5 Payee name Canva				
6 Amount (\$) \$12.95	\$12.95 110 Kippax St.				
Corporate funds	Perth Western Australia 006651 Australia				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense B C		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
01/29/2024	Cool, Caren (Ms.)				
Amount (\$) \$27.06					
Expenditure from corporate funds	Dallas, TX 75214				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		tside of Texas. Complete Schedule T. X, officeholder living expense shments		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ıght	Office held		
Date	Payee name				
02/06/2024	Jot Form				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$20.52	4 Embarcadero Ct				
Expenditure from corporate funds	San Francisco, CA 94111				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense B C		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ıght	Office held		

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/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	ayment/Reinbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense bense Travel in District gpense Travel Out of District /ages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 2/3 Rpt: 12/13	Lake Highlands/White Rock Democrats PAC	00069951			
4 Date	5 Payee name				
02/25/2024	PayPal				
S Amount (\$) 7 Payee address; City; State; Zip Code \$11.80 2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense Image: Check if Lastin, TX, officeholder living expense					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Date Payee name				
02/08/2024 Wix.com					
Amount (\$)	Payee address; City; State; Zip Co	de			
\$200.00	4700 Main Ste 7007				
Expenditure from corporate funds	New Youk, NY 10001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Merchandise Deposit	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printfull Wallet deposit			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held			
Date	Payee name				
02/09/2024	Wix.com				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$31.39					
Expenditure from corporate funds	New Youk, NY 10001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software use fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex I Committee Legal Services Salaries/W	ayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense pense Travel in District Yages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	
1 Total pages Schedule F1: Sch: 3/3 Rpt: 13/13	2 FILER NAME Lake Highlands/White Rock Democrats PAC	3 Filer ID (Ethics Commission Filers) 00069951
4 Date 02/07/2024	5 Payee name Zoom	
\$17.05	7 Payee address; City; State; Zip Co 3640 Zoom St	ıde
Expenditure from corporate funds	San Jose, CA 94088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Use Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	Ight Office held