#### 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) 00016341 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Cable Association, Inc. PAC Date Received **ELECTRONICALLY FILED** 03/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 919 Congress Ave., Ste. 1350 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Meredyth NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Fowler CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Avenue STREET **ADDRESS** Suite 1350 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Avenue MAILING **ADDRESS** Suite 1350 Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-2082 x204 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|   |   |   | -  |                                      |  |
|---|---|---|--|--------------------------------------|--|
| 2 COMMITTEE NAME  |   |   |  | 13 Filer ID                          | (Ethics Commission Filers)                       |
| Texas Cable Associatio  | n, Inc. PAC   |   |  | 00016341                             |  |
| 4 COMMITTEE<br>ACTIVITY   | 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. Measures   | A. Supported  |  |                                      |  |
|   | (Describe by date and location of election and nature of issue.)                              | 7. Supported  |  |                                      |  |
|   |   | B. Opposed  |  |                                      |  |
|   | Officeholders     Assisted (Identify by name or, if   |   |  |                                      |  |
|   | applicable, classify by party.)   |   |  |                                      |  |
| 5 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M  | ) POLITICAL CONTRIBUTIO<br>OR GUARANTEES OF LOA!<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemizatior | NS, OR   | \$                                   | 0.00   |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS  |   |  | \$                                   | 50.00  |
|   | (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |   |  |                                      | 50.00  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |   | \$   | 0.00                                 |  |
|   | 4. TOTAL POLITICA   | L EXPENDITURES  |  | \$                                   | 0.00   |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD        |   |  | DAY \$                               | 5,082.74   |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |   |  | HE \$                                | 0.00   |
| 6 AFFIDAVIT   |   |   |  |                                      |  |
|   |   | true and correc   | rm, under penalty of per<br>at and includes all inforr<br>Election Code. | rjury, that the a<br>nation required | accompanying report is<br>d to be reported by me |
|   |   |   | Ms. Mered  | lyth Fowler                          |  |
|   |   |   | Signature of Car   |                                      | rer  |
| AFFIX NOTARY  | STAMP / SEAL ABOVE  |   |  |                                      |  |
| Sworn to and subscribed   | hefore me, by the said  |   | th   | nic tha                              | day  |
|   |   | which, witness my hand and s  |  |                                      | uuy  |
|   | -   | ,   |  |                                      |  |
| Signature of officer ad   | ministering oath  | Printed name of officer admir   | nistering oath   | Title of office                      | cer administering oath                           |

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

|                       |  |              | 3 of 6                     |  |
|-----------------------|--|--------------|----------------------------|--|
| 17 COMMITT            | EE NAME  | 18 Filer ID  | (Ethics Commission Filers) |  |
| Texas Ca              |  |              |                            |  |
| 19 SCHEDUL<br>NAME OF | SUBTOTAL AMOUNT  |              |                            |  |
| 1. X                  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |              | \$ 0.00                    |  |
| 2. X                  | 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   |              |                            |  |
| 3. X                  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$ 0.00                    |  |
| 4.                    | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION       | DR           | \$                         |  |
| 5.                    | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR     | \$                         |  |
| 6.                    | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                        | SANIZATION   | \$                         |  |
| 7. X                  | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           | ?            | \$ 50.00                   |  |
| 8.                    | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR                        | ORGANIZATION | \$                         |  |
| 9. X                  | SCHEDULE E: LOANS  |              | \$ 0.00                    |  |
| 10. X                 | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                    | S            | \$ 0.00                    |  |
| 11. X                 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$ 0.00                    |  |
| 12. X                 | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI                     | ONS          | \$ 0.00                    |  |
| 13. X                 | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |              | \$ 0.00                    |  |
| 14.                   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI                   | ONS          | \$                         |  |
| 15.                   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER          | RETURNED     | \$                         |  |
|                       |  |              | 1                          |  |

| PLE           | OGED CONTRIBUTIONS                           |  | SCHEDULE E  | 3       |  |
|---------------|--|--|---|---------|--|
| Т             | he Instruction Guide explains how to com     | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/6 |   |         |  |
| 2 FILER N     | AME  |  | 3 Filer ID (Ethics Commission Filers)             |         |  |
| Texas C       | able Association, Inc. PAC                   |  | 00016341  |         |  |
| 4 TOTAL       | OF UNITEMIZED PLEDGES                        |  | \$  | 0.00    |  |
| <b>5</b> Date | 6 Full name of pledgorout-of-state PAC (ID#: |  | 9 In-kind description pledge (\$) (If applicable) |         |  |
|               | 7 Pledgor Address; City; State; Zip Co       | ode  | pieuge (φ)   (παρμισαυίε)                         |         |  |
|               |  |  | Check if travel outside of Texas. Complete Sched  | lule T. |  |
| 10 Principal  | occupation / Job title (See Instructions)    | 11 Employer (See In:                           | structions)                                       |         |  |
|               |  |  |   |         |  |
|               |  |  |   |         |  |

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Cable Association, Inc. PAC 00016341 Date 5 Corporation / Labor Organization name 6 Amount (\$) 02/14/2024 50.00 Texas Cable Association, Inc.

|  | LOANS  |  |                                |   |                               | SCHEDULE E                    |  |
|--|--|--|--------------------------------|---|-------------------------------|-------------------------------|--|
|  | The Instruction Guide explains how to complete this form |  |                                |   | ges Schedule E:<br>1 Rpt: 6/6 |                               |  |
|  | 2 FILER NAME 3 File                                      |  |                                |   | 3 Filer ID 000163             | ID (Ethics Commission Filers) |  |
| 4  |  |  |                                |   |                               | \$ 0.00                       |  |
| 5  | Date of loan   | loan 7 Name of lender  ut-of-state PAG |                                | C (ID#:)  |                               | 9 Loan Amount (\$)            |  |
| 6  | Is lender a financial institution?                       | 8 Lender address; (                    | City; State;                   | Zip Code  |                               | 10 Interest Rate              |  |
|  |  |  |                                |   |                               | 11 Maturity Date              |  |
| 12 Principal occupation / Job title (See Instructions) |  |  | 13 Employer (See Instructions) |   |                               |                               |  |
| 14   | 14 Description of Collateral  None                       |  |                                | 15 Check if personal funds were deposited into political account (See Instructions) |                               |                               |  |
| 16   | GUARANTOR<br>INFORMATION                                 | 17 Name of guarantor                   |                                |   |                               | 19 Amount Guaranteed (\$)     |  |
|  | not applicable   | 18 Guarantor address; (                | City; State;                   | Zip Code  |                               |                               |  |
| 20   | Principal occupation                                     | on                                     |                                | 21 Employer (See Instruction  | ns)                           |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |
|  |  |  |                                |   |                               |                               |  |