

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC  
COVER SHEET PG 1**

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                            |                              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|------------------------------|
| The MPAC Instruction Guide explains how to complete this form.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Filer ID<br>(Ethics Commission Filers)<br>00050353 | 2 Total pages filed:<br>5                                  |                              |
| 3 COMMITTEE NAME<br>Houston 80-20 PAC                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | <b>OFFICE USE ONLY</b>                                     |                              |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | Date Received<br><b>ELECTRONICALLY FILED</b><br>03/05/2024 |                              |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>8300 Bender Rd.<br>Humble, TX 77396-2309                                                                                                                                                                                                                                                                                                                                              |                                                      | Date Hand-delivered or Date Postmarked                     |                              |
| 5 CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST<br>Peter                                       | MI<br>MI                                                   | Receipt # Amount             |
|                                                                                        | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                   | LAST<br>Hwang                                        | SUFFIX                                                     | Date Processed               |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                            | Date Imaged                  |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)                            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>8300 Bender Rd.<br>Humble, TX 77396-2309                                                                                                                                                                                                                                                                                                                        |                                                      |                                                            |                              |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>8300 Bender Rd.<br>Humble, TX 77396-2309                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                            |                              |
| 8 CAMPAIGN TREASURER PHONE                                                             | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                  | PHONE NUMBER                                         | EXTENSION                                                  |                              |
|                                                                                        | (281)                                                                                                                                                                                                                                                                                                                                                                                                                                      | 441-8400                                             |                                                            |                              |
| 9 REPORT TYPE                                                                          | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |                                                            |                              |
| 10 MONTHLY REPORT FILING DEADLINE                                                      | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |                                                            |                              |
| 11 PERIOD COVERED                                                                      | Month Day Year<br>01/26/2024                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | THROUGH                                                    | Month Day Year<br>02/25/2024 |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                               |                                                           |
|-----------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Houston 80-20 PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00050353 |
|-----------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |                                                                                                                                              |    |        |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ | 0.00   |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |        |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>                                                  | \$ | 0.00   |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                            | \$ | 0.00   |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                       | \$ | 0.00   |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                | \$ | 110.88 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                         | \$ | 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.

Mr. Peter Hwang  
\_\_\_\_\_  
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 - MPAC

|                                               |                                                                                                                   |                                                           |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Houston 80-20 PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00050353 |
| <b>19 SCHEDULE SUBTOTALS</b>                  |                                                                                                                   | SUBTOTAL AMOUNT                                           |
|                                               | NAME OF SCHEDULE                                                                                                  |                                                           |
| 1.                                            | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 2.                                            | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00                                                   |
| 3.                                            | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                             | \$ 0.00                                                   |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS                                                             | \$ 0.00                                                   |
| 10.                                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 0.00                                                   |
| 11.                                           | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00                                                   |
| 12.                                           | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00                                                   |
| 13.                                           | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00                                                   |
| 14.                                           | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                           | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

|                                                                  |                                                                                      |                                                          |                                              |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                      | <b>1</b> Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5    |                                              |
| <b>2</b> FILER NAME<br>Houston 80-20 PAC                         |                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00050353 |                                              |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |                                                                                      | <b>\$</b> 0.00                                           |                                              |
| <b>5</b> Date                                                    | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$)                           | <b>9</b> In-kind description (If applicable) |
|                                                                  | <b>7</b> Pledgor Address; City; State; Zip Code                                      |                                                          |                                              |
| <b>10</b> Principal occupation / Job title (See Instructions)    |                                                                                      | <b>11</b> Employer (See Instructions)                    |                                              |

# LOANS

## SCHEDULE E

|                                                                            |                                                                                |                                                                                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>           |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5                                                                  |
| <b>2</b> FILER NAME<br>Houston 80-20 PAC                                   |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00050353                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                         |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                      | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                            |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)              |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                            | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                             |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |