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) 00081815 3 COMMITTEE NAME **OFFICE USE ONLY** Round Rock Democrats Club Date Received **ELECTRONICALLY FILED** 04/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1915 S. Austin Ave., Ste. 102 Change of Address Georgetown, TX 78626 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Cassea NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hewson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1706 Lime Rock Drive STREET **ADDRESS** (Residence or Business) Round Rock, TX 78681 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1706 Lime Rock Drive MAILING **ADDRESS** Change of Address Round Rock , TX 78681 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (971) 678-6003 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
L2 COMMITTEE NAME	. 01. 1			13 Filer ID	(Ethics Commission Filers)
Round Rock Democrat	s Club			00081815	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Demo	ocrat		
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIE OR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher iter	LY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		ARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		NTAINED AS OF THE LAST	DAY \$	2,176.89
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
L6 AFFIDAVIT	<u> </u>				
		true and	or affirm, under penalty of pe correct and includes all infor tle 15, Election Code.	rjury, that the a mation required	accompanying report is It to be reported by me
			Mrs. Cass	sea Hewson	
			Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	' STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, ti	his the	day
	, 20, to certify				
Signature of officer ac	dministering oath	Printed name of officer	administering oath	Title of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 6
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission F	ilers)
		ck Democrats Club	00081815	(Lunes Commission)	
		E SUBTOTALS	00001013	T	
	HEDULI ME OF :	SUBTOTAL AMO	DUNT		
IVAI	VIE OF	SCHEDOLE			
1.	X	\$	100.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.		\$			
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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	100.00
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	3.95
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONEI	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
The Instru	ction Guide explains how to complete this	fori	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Round Rock Democrats Club					Filer ID (Ethics Commission Filers) 00081815
Date 03/16/2024	 Full name of contributor out-of-state PAC (ID#: Mehigan, James (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$100.00
	Austin, TX 78737				
Principal occu Counsel	upation / Job title (See Instructions)	9	Employer (See Instructions TEL	5)	
	FILER NAME Round Rock Date 03/16/2024	FILER NAME Round Rock Democrats Club Date 03/16/2024 5 Full name of contributor out-of-state PAC (ID#: Mehigan, James (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions)	FILER NAME Round Rock Democrats Club Date 03/16/2024 5 Full name of contributor out-of-state PAC (ID#: Mehigan, James (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) 9	Round Rock Democrats Club Date 5 Full name of contributor	FILER NAME Round Rock Democrats Club Date 03/16/2024 S Full name of contributor

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 5/6	Round Rock Democrats Club 00081815
4 Date	5 Payee name
03/21/2024	Williamson County Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	1915 S. Austin Ave
Expenditure from	Ste. 102
corporate funds	Georgetown, TX 78626
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Democratic Convention donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I		
The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Round Rock Democrats Club	3 Filer ID (Ethics Commission Filers) 00081815		
Date 03/25/2024	5 Payee name actblue	·		
Amount (\$) 3.95 Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, TX 02144			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Fees	(b) Description (See instructions regarding type of information required.) Fees for donation processing		
	•			