#### 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) 00066848 3 COMMITTEE NAME **OFFICE USE ONLY** Alvin Police Officers' Association PAC Date Received **ELECTRONICALLY FILED** 04/25/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 905 Change of Address Alvin, TX 77512 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Robert Riley NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Vincent III CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 12708 Vincent Dr. STREET **ADDRESS** (Residence or Business) Rosharon, TX 77583 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 12708 Vincent Dr. MAILING **ADDRESS** Change of Address Rosharon, TX 77583 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 724-3937 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 X May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Alvin Police Officers' Association PAC  4 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  A. Supported	er ID (Ethics Commission Filers) 166848
4 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if	66848
ACTIVITY (Identify by name or, if	
(identity by name or, ii	
1	
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed	
2. Measures A. Supported	
2. Measures A. Supported (Describe by date and location	
of election and nature of issue.)	
B. Opposed	
3. Officeholders	
Assisted (Identify by name or, if applicable, classify by party.)	
5 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	T
5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)    X check here if this report qualifies for the higher itemization threshold	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS	\$ 0.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,452.39
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
6 AFFIDAVIT	I
I swear, or affirm, under penalty of perjury, the true and correct and includes all information under Title 15, Election Code.	nat the accompanying report is required to be reported by me
Robert Riley Vino	cent III
Signature of Campaign	
AFFIX NOTARY STAMP / SEAL ABOVE	Treasurer
ALTIANOTANI / 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	e of officer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 5

				9 01 9
17 COMMIT	TEE NAME lice Officers' Association PAC	(Ethics Co	mmission Filers)	
19 SCHEDU	Τ			
NAME O	SUBT	TOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
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. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B		
The Instruction Guide explains how to complete this form.				1	Total pages Sche Sch: 1/1 Rpt: 4			
2 FILER NAME Alvin Police Officers' Association PAC				3	3 Filer ID (Ethics Commission Filers) 00066848			
4 TOTAL	OF UNITEMIZED PLEDO	SES			\$	0.00		
<b>5</b> Date	Date 6 Full name of pledgorout-of-state PAC (IE			_) 8	Amount of pledge (\$)	In-kind description (If applicable)		
	7 Pledgor Address;	City; State; Zip Co	de		<b>-</b>	 		
10 Princinal	occupation / Job title (See Instru	ections)	11 Employer (See In	ctructi		side of Texas. Complete Schedule T.		
LO I IIIICIPAI	occupation / 305 title (See maire	otions)	Employer (See in	Suucu	ons)			

L	OANS					SCHEDUI	LE <b>E</b>	
Т	The Instruction Guide explains how to complete this form					ages Schedule E: /1 Rpt: 5/5		
	2 FILER NAME Alvin Police Officers' Association PAC				3 Filer ID (Ethics Commission Filers) 00066848			
4 T	4 TOTAL OF UNITEMIZED LOANS				1	\$	0.00	
<b>5</b> D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
fir	s lender a nancial nstitution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
<b>12</b> P	rincipal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)	•		
<b>14</b> D	escription of Coll	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)		
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)	
	not applicable	18 Guarantor address; C	ity; State;	Zip Code				
<b>20</b> P	rincipal occupation	on		21 Employer (See Instruction	s)	1		