

**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 (Ethics Commission Filers) 00067374	2 Total pages filed: 6
3 COMMITTEE NAME Cypress-Tomball Democrats		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 04/26/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 12215 Moorcreek Drive Houston, TX 77070		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Carol	Date Hand-delivered or Date Postmarked
		NICKNAME LAST SUFFIX Gray	Receipt # Amount
			Date Processed
			Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12215 Moorcreek Drive Houston, TX 77070		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12215 Moorcreek Drive Houston, TX 77070		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	435-2742	
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 <input type="checkbox"/> February 5 <input checked="" type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input 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 03/26/2024	THROUGH	Month Day Year 04/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Cypress-Tomball Democrats	13 Filer ID (Ethics Commission Filers) 00067374
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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 POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 226.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,510.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Carol Gray

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

17 COMMITTEE NAME Cypress-Tomball Democrats		18 Filer ID 00067374	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	226.71
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
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	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Leslie (Commissioner)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Harris County Commissioner		Employer (See Instructions) Harris County
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lentz, Stephen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCart, Deborah	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self-Employed
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Alana	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code Houston, TX 77069	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milan, Christina	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Cypress, TX 77433		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) TMHCC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Nancy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) QA Manager		Employer (See Instructions) Coalfire Systems
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoellkopf, Patricia	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stal, Kate	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77069		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAME Cypress-Tomball Democrats	3 Filer ID (Ethics Commission Filers) 00067374
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4 Date 04/24/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$140.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/18/2024	Payee name Harland Clarke
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Amount (\$) \$86.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15955 La Cantera Pkwy San Antonio , TX 78256
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank account check stock
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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