MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

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т	ne MPAC Instruction	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00063860	2 Total pages filed:5
3	COMMITTEE NAME	OFFICE USE ONLY		
	Cedar Park Police	Association Political Action Committee		
				Date Received ELECTRONICALLY FILED 06/05/2024
4		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
	ADDRESS	911 Quest Pkwy.		
	Change of Address	Cedar Park, TX 78613		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS/MRS/MR FIRST	MI	
ľ	TREASURER			Receipt # Amount
	NAME	Mr. Christo	opher W.	receipt " , anount
				Date Processed
		NICKNAME LAST	SUFFI	
		Nichol		Date Imaged
		Nerio	5	Date imaged
-	CAMDAICN			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CITY; ST	TATE; ZIP CODE
	STREET	911 Quest Pkwy		
	ADDRESS (Residence or Business)			
	(Residence of Business)	Cedar Park, TX 78613		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE
	TREASURER	911 Quest Pkwy	, ,	,
	MAILING ADDRESS			
		Cedar Park, TX 78613		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER	(612) 416 0726		
	PHONE	(512) 415-9726		
9	REPORT TYPE		10th day after campaign	
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10) MONTHLY			
<u>٦</u>	REPORT FILING	January 5 A	pril 5 🛛 🗌 July 5	October 5
1	DEADLINE			
		February 5	ay 5 August 5	November 5
		March 5 X Ju	ine 5 September 5	December 5
11	L PERIOD	Month Day Year	Month	Day Year
	COVERED	04/26/2024	THROUGH 05/25/	/2024
⊢				
		G	D TO PAGE 2	
L Fo	rms provided by Tex	as Ethics Commission www	.ethics.state.tx.us	Version V4.1.0.d378aba0
. 0	provided by IC/			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	eietien Delities! A still		13 Filer ID	(Ethics Commission Filers)
Cedar Park Police Asso	Committee	00063860		
14 COMMITTEE ACTIVITY	 Candidates (Identify by name or, if applicable, classify by party.) 	A. Supported		
(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		
	0. Official states			
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	φ	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,038.78
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	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. Christoph	ner W. Nichols	5
		Signature of Car		
AFFIX NOTARY STAMP / SEAL ABOVE				
		, tł	nis the	day
of, 20, to certify which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				0.0.0
17 COMMITT Cedar Pa	EE NAME Irk Police Association Political Action Committee	18 Filer ID 00063860	(Ethics Comn	ission Filers)
19 SCHEDUL NAME OF	SUBTOT	AL 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 LABC ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
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 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 TO FILER	RETURNED	\$	

PLEDGED CONTRIBUTIONS

	The	Instruction Guide explains how to comple	te this form.	1	Total pages S Sch: 1/1 Rpt		e B:	
2	FILER NAME	Ē		3	Filer ID	(Ethics	Commission Filers)	
	Cedar Park	Police Association Political Action Committee			00063860			
4	TOTAL OF	UNITEMIZED PLEDGES			\$			0.00
5	Date	 6 Full name of pledgorout-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip Code)	8	Amount of pledge (\$)	9 1 1 1 1 1 1 1 1 1 1 1	In-kind description (If applicable) e of Texas. Complete Sch	iedule T.
10	Principal occ	upation / Job title (See Instructions)	11 Employer (See Instru	ctic	ons)			
			•					

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		ages Schedule E: 1 Rpt: 5/5	
2 FILER NAME Cedar Park Police Association Political Action Committee	3 Filer ID 000638	(Ethics Commission Filers) 860	
⁴ TOTAL OF UNITEMIZED LOANS	I	\$ 0.0	
5 Date of loan 7 Name of lender out-of-state PAC (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)	5)		
14 Description of Collateral 15 Check if personal funds we None	ere deposited	d into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)	
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	5)	•	