#### FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015696 3 COMMITTEE NAME **OFFICE USE ONLY** Highland Park Community League Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 25 Highland Park Village Date Hand-delivered or Date Postmarked Ste. 100-578 Change of Address Dallas, TX 75205 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Diana NAME NICKNAME LAST **SUFFIX** Blackman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 25 Highland Park Village STREET **ADDRESS** Suite 100-578 (Residence or Business) Dallas, TX 75205 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 25 Highland Park Village MAILING **ADDRESS** Suite 100-578 Dallas, TX 75205 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 932-1789 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

		,	
Lightend Book Community League		<b>13</b> Filer	
Highland Park Community League		000.	15696
4 COMMITTEE 1. Candidates ACTIVITY (Identify by name or, applicable, classify by	f	echerl Mayor	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
	A. Comparted		
Measures     (Describe by date and of election and nature)			
	B. Opposed		
3. Officeholders Assisted (Identify by name or, applicable, classify by	f		
TOTALS PLEDGES, L CONTRIBUT	EMIZED POLITICAL CONTRIBUTIONS OANS, OR GUARANTEES OF LOANS, IONS MADE ELECTRONICALLY) is report qualifies for the higher itemization the	OR	\$ 650.00
	LITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	\$ 650.00
EXPENDITURE 3. TOTAL UNIT	EMIZED POLITICAL EXPENDITURES		\$ 0.00
4. TOTAL PO	LITICAL EXPENDITURES		\$ 1,126.89
	TICAL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY	\$ 25,672.29
	CIPAL AMOUNT OF ALL OUTSTANDIN F THE REPORTING PERIOD	IG LOANS AS OF THE	\$ 0.00
6 AFFIDAVIT			l
		nd includes all information r	at the accompanying report is equired to be reported by me
		Diana Blackma	
		Signature of Campaign	Treasurer
AFFIX NOTARY STAMP / SEAL A	BOVE		
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 administ	ering oath Title	of officer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 3 of 10

						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Highland Park Commun	ity League			00015696	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Don Snell Town Council		
	(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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Mr. Marc Myers Town Council		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Mr. Mare Myers Town Council		
	(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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Lydia Novakov Town Cound	cil	
	(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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		[ ,, 5, party.)				

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

				Page 4 01 10
			13 Filer ID	(Ethics Commission Filers)
ity League			00015696	
Candidates (Identify by name or, if applicable, classify by party.)		Mr. Leland B. White Town Coun	icil	
	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.)				
		Mr. Alan Eriodman, Tours Course	il	
		Mr. Alan Friedman Town Counc	:II	
	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.)				
	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Mr. Leland B. White Town Councillates  A. Supported  B. Opposed  A. Supported  Mr. Alan Friedman Town Councillates  A. Supported  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	ity League  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  A. Supported  A. Supported  A. Supported  A. Supported  Mr. Alan Friedman Town Council  B. Opposed  A. Supported  A. Supported  A. Supported  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Mr. Alan Friedman Town Council  B. Opposed

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			5 of 10				
17 COMMITTEE Highland Pa	E NAME ark Community League	<b>18</b> Filer ID 00015696	(Ethics Commission Filers)				
19 SCHEDULE NAME OF SC			SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOORGANIZATION	)R	\$				
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
	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 CONTRIBUTION:	S	<b>\$</b> 1,126.89				
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	LOANS					SCHEDULE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	l l	pages Schedule E: 1/1 Rpt: 6/10
2	FILER NAME Highland Park C	community League			3 Filer II 00015	C (Ethics Commission Filers) 5696
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (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	on / Job title (See Instructions)		13 Employer (See Inst	ructions)	
14	Description of Coll	ateral		15 Check if personal for	unds were deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Inst	ructions)	

## 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 Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 1/4 Rpt: 7/10	2 FILER NAME3 Filer ID(Ethics Commission Filers)Highland Park Community League00015696
4 Date	5 Payee name
04/26/2024	Globe Runner LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$162.38	16415 Addison Rd.
Expenditure from	Suite 550
corporate funds	Addison, TX 75001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Website Maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
05/28/2024	Globe Runner LLC
Amount (\$)	Payee address; City; State; Zip Code
\$162.38	16415 Addison Rd.
	Suite 550
Expenditure from corporate funds	Addison, TX 75001
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Website Maintenance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davies same
Date 06/25/2024	Payee name Globe Runner LLC
Amount (\$)	Payee address; City; State; Zip Code
\$162.38	16415 Addison Rd.
Expenditure from	Suite 550
corporate funds	Addison, TX 75001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Website Maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

## 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)

		o expiration from to co.	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 2/4 Rpt: 8/10	Highland Park Community Lea	ague		00015696	
4 Date	5 Payee name			•	
04/30/2024	Image Products Corp				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$111.75	1850 Empire Central				
Expenditure from corporate funds	Dallas, TX 75235				
8 PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		=	outside of Texas. Comp n, TX, officeholder living	
			Palm Cards	i, 17, officeriolder living	елрензе
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	Beecherl, Will C. (Mr.)	Mayor	-	Mayor	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Coo	de		
( )	, , , , , , , , , , , , , , , , , , , ,	, ,			
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the t	on of this schedule)	(b) Description		
OF EXPENDITURE	(See Categories listed at the	op of this schedule)		outside of Texas. Comp	olete Schedule T.
EXPENDITURE			Check if Austir	n, TX, officeholder living	expense
				255	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	•	Office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sou Town Co	•	Office he None	eld
	Friedman, Alan (Mr.)  Payee name		•		eld
expenditure to benefit C/OI	Friedman, Alan (Mr.)  Payee name (see previous)	Town Col	uncil		old
expenditure to benefit C/OI	Friedman, Alan (Mr.)  Payee name		uncil		eld
expenditure to benefit C/OI	Friedman, Alan (Mr.)  Payee name (see previous)	Town Col	uncil		eld
expenditure to benefit C/OI  Date  Amount (\$)	Friedman, Alan (Mr.)  Payee name (see previous)	Town Col	uncil		eld
expenditure to benefit C/OI	Friedman, Alan (Mr.)  Payee name (see previous)	Town Col	uncil		eld
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE	Friedman, Alan (Mr.)  Payee name (see previous)	Town Col	de (b) Description	None	
expenditure to benefit C/OI  Date  Amount (\$)  Expenditure from corporate funds	Payee name (see previous)  Payee address; City;	Town Col	de  (b) Description  Check if travel	None  None	olete Schedule T.
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF	Payee name (see previous)  Payee address; City;	Town Col	de  (b) Description  Check if travel	None	olete Schedule T.
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF	Payee name (see previous)  Payee address; City;	Town Col	de  (b) Description  Check if travel	None  None	olete Schedule T.
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF	Payee name (see previous)  Payee address; City;	Town Col	de  (b) Description Check if travel Check if Austir	None  None	olete Schedule T. expense
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF EXPENDITURE	Payee name (see previous)  Payee address; City;  (a) Category (See Categories listed at the total Candidate/Officeholder name	State; Zip Cod	de  (b) Description Check if travel Check if Austir	None  outside of Texas. Comp	olete Schedule T. expense
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name (see previous)  Payee address; City;  (a) Category (See Categories listed at the total Candidate/Officeholder name	State; Zip Cod	de  (b) Description Check if travel Check if Austir	outside of Texas. Compa, TX, officeholder living	olete Schedule T. expense
expenditure to benefit C/Ol  Date  Amount (\$)  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name (see previous)  Payee address; City;  (a) Category (See Categories listed at the total Candidate/Officeholder name	State; Zip Cod	de  (b) Description Check if travel Check if Austir	outside of Texas. Compa, TX, officeholder living	olete Schedule T. expense

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services  The Instruction Guide example 1.1		Wages/Contract Labor  mplete this form.	OTHER (enter a category not list	ed above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)
_	Sch: 3/4 Rpt: 9/10	Highland Park Community Leag	ue		00015696	······································
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
	OF EXPENDITURE	5 y (ess satisficino notos at the top t	or time contourie,		outside of Texas. Complete Schedule	г.
	EXPENDITURE			Check if Austin	, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office held	
	expenditure to benefit C/O	<sup>1</sup> Novakov, Lydia (Ms.)	Town Co	ouncil	Town Council	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	nde		
	γ unount (φ)	r dyee dadress, eity,	Otato, Zip O	340		
	Expenditure from					
<u> </u>						
	PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
	EXPENDITURE			l <b>=</b>	outside of Texas. Complete Schedule	Г.
				Crieck ii Austini	, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l abt	Office held	
	expenditure to benefit C/O		Town Co		Town Council	
	·	Shell, Don (Mr.)	Town Co		Town Council	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE	(a) Catagony (c. C.		(b) Description		
	OF	(a) Category (See Categories listed at the top of	of this schedule)	l <u> </u>	outside of Texas. Complete Schedule	г.
	EXPENDITURE			Check if Austin	, TX, officeholder living expense	
				_		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office held	
	expenditure to benefit C/OI	H White, Leland B. (Mr.)	Town Co	ouncil	Town Council	

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <sub>-</sub> I Coi	nmittee Lega	Awards/Memorials Es al Services e Instruction Guid					Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 10/10		Highland Park	Community Le	eague				00015696	,
4	Date	5	Payee name							
	06/06/2024		The UPS Store							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de			
	\$528.00		25 Highland Pa	ırk Village						
			Suite 100							
ᆫ	Expenditure from corporate funds		Dallas, TX 752	05						
8	PURPOSE	(a)	Category (See Ca	ategories listed at the	top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhea			,		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			-					, officeholder living	expense
							P.O. Box Re	enta		
9	Complete ONLY if direct expenditure to benefit C/O	Η (	Candidate/Officeh	older name	C	Office sou	ght		Office he	eld