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) 00016357 3 COMMITTEE NAME **OFFICE USE ONLY Texas Gulf Coast PAC** Date Received **ELECTRONICALLY FILED** 06/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P. O. Box 2650 Change of Address Freeport, TX 77542 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount James NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Lapier CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 1002 ABC Ave. STREET **ADDRESS** (Residence or Business) Freeport, TX 77541 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Drawer 2650 MAILING **ADDRESS** Change of Address Freeport, TX 77542 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (979) 236-2099 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X 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** 05/26/2024 06/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|
| Texas Gulf Coast PAC | : | | 00016357 | 7 |
| 14 COMMITTEE | 1. Candidates | A. Supported | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | 7. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA | | \$ | 0.00 |
| EXPENDITURE 3. TOTAL UNITEMIZED POLIT | | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | DAY \$ | 751.45 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | · | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | rjury, that the nation require | accompanying report is d to be reported by me |
| | | James | s Lapier | |
| | Signature of Campaign Treasurer | | | |
| AFFIX NOTAR | Y STAMP / SEAL ABOVE | | | |
| Sworn to and subscribe | d before me, by the said | , th | nis the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of off | cer administering oath |
| | | | | |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

| | | | | 0 01 0 |
|-------|------------------------------------------------------------------------------------|--------------|------|------------------|
| | | | | nmission Filers) |
| | | 00016357 | | |
| | E SUBTOTALS SCHEDULE | | SUBT | OTAL 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 LABOURGANIZATION | PR | \$ | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | |
| 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 I TO FILER | RETURNED | \$ | |
| | | | • | |

| PLEDGED CONTRIBUTIONS | | | SCHEDULE B |
|------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------------|
| The Instruction Guide explains how to co | 1 Total pages S Sch: 1/1 Rp | | |
| 2 FILER NAME Texas Gulf Coast PAC | | 3 Filer ID 00016357 | (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | 0.00 |
| 5 Date 6 Full name of pledgor out-of-state PA 7 Pledgor Address; City; State; Zip | | 8 Amount of pledge (\$) | 9 In-kind description (If applicable) |
| | | Check if trave | l outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instru | | |
| | | | |

| LOANS | | | | SCHEDULE | Ε |
|-----------------------------------------------------------|-------------------------|-------------------------------|------------------------------------------------|------------------------------------------------|------|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5 | | |
| 2 FILER NAME Texas Gulf Coast PAC | | | 3 Filer ID 000163 | (Ethics Commission Fil | ers) |
| 4 TOTAL OF UNITEMIZED | LOANS | | | \$ | 0.00 |
| 5 Date of loan 7 Name of I | ender out-of-state PA | AC (ID#: |) | 9 Loan Amount (\$) | |
| 6 Is lender a financial institution? | ddress; City; State; | Zip Code | | 10 Interest Rate | |
| | | | | 11 Maturity Date | |
| 12 Principal occupation / Job title (S | ee Instructions) | 13 Employer (See Instructions |) | | |
| 14 Description of Collateral None | | 15 Check if personal funds we | re deposited | l into political account (See Instructions) | |
| 16 GUARANTOR INFORMATION 17 Name of Q | guarantor | . | | 19 Amount Guaranteed | (\$) |
| not applicable 18 Guaranton | r address; City; State; | Zip Code | | | |
| | | | | | |
| 20 Principal occupation | | 21 Employer (See Instructions |) | I | |
| | | | | | |