#### 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** 07/02/2024 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 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)                       |  |  |
|---|--|--|-------------------|--|--|--|
| Alvin Police Officers'  | Association PAC  |  | 00066848          | ł  |  |  |
| 14 COMMITTEE<br>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   |                   |  |  |  |
|   | 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<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M  | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$                | 0.00   |  |  |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE   | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)   | \$                | 0.00   |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |                   |  |  |  |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$                | 0.00   |  |  |
| CONTRIBUTION<br>BALANCE   | •  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   |                   |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$            | 0.00   |  |  |
| 16 AFFIDAVIT  |  |  | <u> </u>          |  |  |  |
|   |  | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.               | rjury, that the a | accompanying report is<br>d to be reported by me |  |  |
|   |  | Robert Rile  | v Vincent III     |  |  |  |
|   | Robert Riley Vincent III Signature of Campaign Treasurer                           |  |                   |  |  |  |
| AFFIX NOTA  | RY STAMP / SEAL ABOVE  |  |                   |  |  |  |
| Sworn to and subscrib   | ed before me, by the said  | , th   | nis 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 office   | cer administering oath                           |  |  |

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

3 of 5

|            |  |                  |      | 3 01 3      |
|------------|--|------------------|------|-------------|
| 17 COMMITT | (Ethics Co   | mmission Filers) |      |             |
| 19 SCHEDUL | LE SUBTOTALS SCHEDULE  | 00066848         | 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 LABO<br>ORGANIZATION       | )R               | \$   |             |
| 5.         | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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 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         | \$   |             |
|            |  |                  |      |             |

| PLE   | DGED CONTRIBU                      | TIONS                |                     |         | SCHEDULE I  | В      |
|---|------------------------------------|----------------------|---------------------|---------|---|--------|
| The Instruction Guide explains how to complete this form. |                                    |                      |                     | 1       | Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5              |        |
| 2 FILER NAME Alvin Police Officers' Association PAC       |                                    |                      | 3                   |         |   |        |
| <u></u>   | OF UNITEMIZED PLEDO                |                      |                     |         |   | 0.00   |
| 5 Date  | 6 Full name of pledgor             | out-of-state PAC (II | )#:                 | _) 8    | Amount of pledge (\$) In-kind description (If applicable) |        |
|   | 7 Pledgor Address;                 | City; State; Zip Co  | de                  |         |   |        |
| 40 Daire de el  |                                    | antia man            |                     | [       | Check if travel outside of Texas. Complete Sche           | dule T |
| 10 Principal  | occupation / Job title (See Instru | ictions)             | 11 Employer (See In | structi | ons)  |        |
|   |                                    |                      |                     |         |   |        |
|   |                                    |                      |                     |         |   |        |

| L           | OANS   |                                   |                 |                              |  | SCHEDUI  | LE <b>E</b> |
|-------------|--|-----------------------------------|-----------------|------------------------------|--|--|-------------|
| Т           | The Instruction Guide explains how to complete this form |                                   |                 |                              | ages Schedule E:<br>/1 Rpt: 5/5                |  |             |
|             | 2 FILER NAME Alvin Police Officers' Association PAC      |                                   |                 |                              | 3 Filer ID (Ethics Commission Filers) 00066848 |  |             |
| 4<br>T      | OTAL OF UN   | IITEMIZED 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<br>nancial<br>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<br>(See Instructions) |             |
|             | GUARANTOR<br>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  |             |
|             |  |                                   |                 |                              |  |  |             |