#### 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) 00068495 3 COMMITTEE NAME **OFFICE USE ONLY** Spring Branch Republicans Date Received **ELECTRONICALLY FILED** 07/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 693 N. Post Oak Lane Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77024 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Joseph NAME NICKNAME LAST **SUFFIX** McReynolds STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 693 N. Post Oak Ln. STREET **ADDRESS** (Residence or Business) Houston, TX 77024 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 693 N. Post Oak Ln. MAILING **ADDRESS** Houston, TX 77024 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 683-0874 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** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)	
Spring Branch Republicans			00068495		
14 COMMITTEE	1. Candidates	A. Supported Republican			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	20.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	540.30	
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 infor under Title 15, Election Code.			
		Mr Joseph	McPeynolds		
	Mr. Joseph McReynolds Signature of Campaign Treasurer				
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said	, tl	his the	day	
		which, witness my hand and seal of office.			
Cignoture of officer -	dministoring cath	Drinted name of officer administration seth	Title of office	or administaring anth	
Signature of officer a	ummstering Udtii	Printed name of officer administering oath	Tide OF OHIC	er administering oath	

#### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

				3 of 5
		EE NAME anch Republicans	<b>18</b> Filer ID 00068495	(Ethics Commission Filers)
	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
5.		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 20.0
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
				1

## 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 Commit 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 4/5	Spring Branch Republicans    3 Filer ID (Emics Commission Filers)     00068495				
4 Date	5 Payee name				
05/31/2024	Amegy Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2.00	P.O. Box 27459				
42.00	1.6.26.4				
Expenditure from	Houston TV 77227 7450				
corporate funds	Houston, TX 77227-7459				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense  Statement Fee				
	Statement Fee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experience to bettern eye					
Date	Payee name				
05/31/2024	Amegy Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$8.00	P.O. Box 27459				
Expenditure from corporate funds	Houston, TX 77227-7459				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Service Charge				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	1				
Date	Payee name				
06/28/2024	Amegy Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$2.00	P.O. Box 27459				
Ψ2.00	1.0. 50. 200				
Expenditure from	TV 37007 7 4F0				
corporate funds	Houston, TX 77227-7459				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense  Statement Fee				
	Statement Fee				
Complete CNII V if aliat	Condidate/Officeholder name Office cought				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

## 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa The Instruction Guide explains how	Travel in District Travel in District Travel Out of District Aries/Wages/Contract Labor Travel in District Total District Total District OTHER (enter a category not listed above) To complete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 5/5	Spring Branch Republicans	00068495
4	Date	5 Payee name	
	06/28/2024	Amegy Bank	
6	Amount (\$)	7 Payee address; City; State; Z	p Code
	\$8.00	P.O. Box 27459	
	Expenditure from corporate funds	Houston, TX 77227-7459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Service Charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Offic	e sought Office held