MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			- Filer ID		
The MPAC Instruction Guide explains how to complete this form. 1 Filer ID 1 (Ethics Commission Filers) 1 00088799 00088799 1<				2 Total pages filed: 5	
3	COMMITTEE NAME		•	OFFICE USE ONLY	
	Taylor County She	riff's Officers Association PAC			
	-99			Date Received	
				ELECTRONICALLY FILED	
				07/08/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
	ADDRESS	PO Box 5454			
	Change of Address	Abilene, TX 79608		Date Hand-delivered or Date Postmarked	
5	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered of Date Postmarked	
ľ	TREASURER			Receipt # Amount	
	NAME	Mr. John			
				Date Processed	
		NICKNAME LAST	SUFFIX		
		Janis		Date Imaged	
		Jains		Date imageu	
F	CAMPAICN				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE	
	STREET	634 Harwell Street			
	ADDRESS				
	(Residence or Business)	Abilene, TX 79601			
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE	
Ľ	TREASURER	634 Harwell Street			
	MAILING	034 Haiwell Stieet			
	ADDRESS				
	Change of Address	Abilene, TX 79601			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	TREASURER	(626) 224 1718			
	PHONE	(626) 224-1718			
9	REPORT TYPE	[10th day after campaign		
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)	
10	MONTHLY				
1	REPORT FILING	January 5 Apri	5 X July 5	October 5	
1	DEADLINE				
		February 5 May	5 August 5	November 5	
		March 5 June	5 September 5	December 5	
11		Month Day Year	THROUGH Month	Day Year	
	COVERED	05/26/2024	06/25/2	2024	
	GO TO PAGE 2				
F0	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Taylor County Sheriff's	Officers Association PA	AC	00088799		
14 COMMITTEE ACTIVITY	1. 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			
	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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	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 \$	0.00	
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. Joł	nn Janis		
		Signature of Car	mpaign Treasure	er	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the,			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 office	r administering oath	
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SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

17 COMMITT	(Ethics Co	mmission Filers)			
-	unty Sheriff's Officers Association PAC	00088799	1		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00	
2. X	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00	
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
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 CONTRIBUTI	ONS	\$	0.00	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
			·		

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.	. Total pages Schedule B: Sch: 1/1 Rpt: 4/5
FILER NAME 3	Filer ID (Ethics Commission Filers)
Taylor County Sheriff's Officers Association PAC	00088799
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
Date 6 Full name of pledgor out-of-state PAC (ID#:) 8	Amount of 9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	ions)

LOANS		SCHED	ULE E
The Instruction Guide explains how to complete this form.	ges Schedule E: 1 Rpt: 5/5		
2 FILER NAME Taylor County Sheriff's Officers Association PAC	3 Filer ID 000887	(Ethics Commissio 799	on Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (S	5)
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)	3)		
14 Description of Collateral 15 Check if personal funds we None	ere deposited	l into political accour (See Instructior	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarar	nteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	;)	1	