

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       |                                  |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                     |                                                                                                                                                                                                                                                                                                                                                      | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00088542                                                                                                                           | <b>2</b> Total pages filed:<br>5 |
| <b>3</b> COMMITTEE NAME<br>Bexar County Conservative Coalition                            |                                                                                                                                                                                                                                                                                                                                                      | <b>OFFICE USE ONLY</b><br>Date Received<br>ELECTRONICALLY FILED<br>07/15/2024<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged          |                                  |
| <b>4</b> COMMITTEE ADDRESS<br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>630 Storeywood Drive<br>San Antonio, TX 78213                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                  |
| <b>5</b> CAMPAIGN TREASURER NAME                                                          | MS / MRS / MR FIRST MI<br>Luke<br>NICKNAME LAST SUFFIX<br>Macias                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |                                  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>630 Storeywood Drive<br>San Antonio, TX 78213                                                                                                                                                                                                                             |                                                                                                                                                                                       |                                  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>630 Storeywood Drive<br>San Antonio, TX 78213                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                  |
| <b>8</b> CAMPAIGN TREASURER PHONE                                                         | AREA CODE PHONE NUMBER EXTENSION<br>(210) 259-5053                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                  |
| <b>9</b> REPORT TYPE                                                                      | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                                                                                                                                                       |                                  |
| <b>10</b> PERIOD COVERED                                                                  | Month Day Year      THROUGH      Month Day Year<br>02/25/2024      06/30/2024                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                                  |
| <b>11</b> ELECTION                                                                        | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                  |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                 |                                                           |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Bexar County Conservative Coalition | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00088542 |
|-----------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |                                                                                                                                                                                                                                                   |              |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00      |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 25,026.03 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 19,424.31 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 4,573.72  |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 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.

Luke Macias  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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 administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

|                                                                 |                                                                                                                   |                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Bexar County Conservative Coalition |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00088542 |
| <b>19 SCHEDULE SUBTOTALS</b>                                    |                                                                                                                   | <b>SUBTOTAL AMOUNT</b>                                    |
|                                                                 | NAME OF SCHEDULE                                                                                                  |                                                           |
| 1.                                                              | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 25,026.03                                              |
| 2.                                                              | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                              | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                              | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                              | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                              | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                              | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                              | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                              | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                             | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 19,424.31                                              |
| 11.                                                             | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                             | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                             | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                             | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                             | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                  |                                                                                                                                   |                                                          |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                 |                                                                                                                                   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/5   |
| <b>2</b> FILER NAME<br>Bexar County Conservative Coalition                       |                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088542 |
| <b>4</b> Date<br>02/29/2024                                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gowan, Robert                        | <b>7</b> Amount of Contribution (\$)<br><br>\$26.03      |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209 |                                                                                                                                   |                                                          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired          |                                                                                                                                   | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>02/27/2024                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texans United for a Conservative Majority PAC | Amount of Contribution (\$)<br><br>\$20,000.00           |
| Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904             |                                                                                                                                   |                                                          |
| Principal occupation / Job title (See Instructions)                              |                                                                                                                                   | Employer (See Instructions)                              |
| Date<br>03/01/2024                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texans United for a Conservative Majority PAC | Amount of Contribution (\$)<br><br>\$5,000.00            |
| Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904             |                                                                                                                                   |                                                          |
| Principal occupation / Job title (See Instructions)                              |                                                                                                                                   | Employer (See Instructions)                              |

# 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)

The Instruction Guide explains how to complete this form.

|                                                        |                                                            |                                                          |
|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 5/5 | <b>2</b> FILER NAME<br>Bexar County Conservative Coalition | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088542 |
|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>03/01/2024 | <b>5</b> Payee name<br>Direct Texas |
|-----------------------------|-------------------------------------|

|                                                                                                      |                                                                                                       |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$19,423.28<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1260 S Business IH 35<br><br>New Braunfels, TX 78130 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                |                                                                                                                                                                                                                             |
|---------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Slate Mail to Bexar County Mailer |
|---------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     |                             |               |             |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                      |
|--------------------|----------------------|
| Date<br>02/29/2024 | Payee name<br>WinRed |
|--------------------|----------------------|

|                                                                                        |                                                                                              |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$1.03<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1776 Wilson Blvd<br>Suite 530<br>Arlington, VA 22219 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                               |                                                                                               |                                                                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Processing fees |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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