## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Tł	ne GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00017304	2 Total pages filed: 8
3	COMMITTEE NAME		•	OFFICE USE ONLY
	American Collecto	rs Association of Texas Political Action C	ommittee	Date Received ELECTRONICALLY FILED 07/11/2024
4		ADDRESS / PO BOX; APT / SUITE #; C	TY; STATE; ZIP CODE	
	ADDRESS	305 South Broadway, Suite 706		Date Hand-delivered or Date Postmarked
	Change of Address			
		Tyler, TX 75702		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Mr. Thomas G.		
		NICKNAME LAST		SUFFIX
		Tom Morgan		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET ADDRESS	305 South Broadway, Suite 706		
	(Residence or Business)	Tyler, TX 75702		
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER MAILING ADDRESS	305 South Broadway, Suite 706		
	Change of Address	Tyler, TX 75702		
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
	PHONE	(903) 530-4040		
9	REPORT TYPE	January 15	30th day before election	Dissolution (Attach PAC-DR)
			8th day before election	10th day after campaign treasurer
		X July 15	Runoff	termination
10	PERIOD COVERED	Month Day Year 01/01/2024 7	Month Day THROUGH 06/30/202	Year 4
11	. ELECTION	ELECTION DATE	ELECTION TYPE	
		Month Day Year	Primary Runoff General Special	Other
		· · ·		
			TO PAGE 2	
Fo	rms provided by Te	xas Ethics Commission www.e	ethics.state.tx.us	Version V4.1.0.d378aba0

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	C (Ethics Commission Filers)
American Collectors As	sociation of Texas Poli	tical Action Committee	00017	304
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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	650.00
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 \$	10,710.32
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 pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Thoma	s G. Mor	gan
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

# FORM GPAC COVER SHEET PG 3

3 of 8

17 CON	17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)						
Ame	erican	Collectors Association of Texas Political Action Committee	00017304				
19 SCH		SUBTOTAL AMOUNT					
		SCHEDULE					
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 650.00			
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00			
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$</b> 0.00			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA 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.	х	SCHEDULE E: LOANS		\$ 0.00			
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 0.00			
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00			
12.	х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00			
13.	х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00			
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	<b>\$</b> 177.85			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

**SUBTOTALS - GPAC** 

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

			1	
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/8	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	<u>_)</u>
	ollectors Association of Texas Political Action Comm	nittee	00017304	5)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/20/2024	Purcell, Scott (CEO)		\$5	50.00
	6 Contributor address; City; State; Zip Code		1	
	Eugene, OR 97405			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
CEO		ACA International		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/20/2024	Reynaud, Courtney (CEO)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Fresno, CA 93721	-		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
CEO		Creditors Bureau		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/20/2024	Ross, Eric (Mr.)		\$5	50.00
	Contributor address; City; State; Zip Code		1	
	Atlanta CA 2020E			
Drizzinal agai	Atlanta, GA 30305			
Sales repres	upation / Job title (See Instructions)	Employer (See Instructions REPAY	<i>;</i> )	
			1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	00
02/20/2024	Wang, Peter (CEO)		ტ <i>პ (</i> :	'5.00
	Contributor address; City; State; Zip Code			
	Hollywood, CA 90046			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
CEO		Aktos	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/20/2024	Willyerd, Jeff (Mr.)			<b>'</b> 5.00
	Contributor address; City; State; Zip Code		•	
	St. George, UT 84770			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Sales Repre	sentative	TCN		
		.1		

# PLEDGED CONTRIBUTIONS

SCHEDULE	B
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	The	Instruction Guide expl	ains how to comple	te this form.	1	Total pages s Sch: 1/1 Rp		B:	
2	FILER NAME	E			3	Filer ID	(Ethics C	Commission Filers)	
	American C	Collectors Association of Te	xas Political Action Con	nmittee		00017304			
4	TOTAL OF	F UNITEMIZED PLEDG	ES			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_	)	8	Amount of pledge (\$)	9   	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	         el outside (	of Texas. Complete Sch	nedule T.
10	Principal occ	cupation / Job title (See Instruc	tions)	11 Employer (See Instru	Ictic	ons)			
-				1					-

LOANS					SCHEDUI	_E E
The Instructio	n Guide explains how	to complete this f	orm.		ges Schedule E: 1 Rpt: 6/8	
2 FILER NAME American Collec	tors Association of Texas I	Political Action Comm	iittee	3 Filer ID 000173	(Ethics Commission	Filers)
<sup>4</sup> TOTAL OF UN	ITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		<ul><li><b>10</b> Interest Rate</li><li><b>11</b> Maturity Date</li></ul>	
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Coll	ateral		<b>15</b> Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		L		19 Amount Guarante	ed (\$)
not applicable	<b>18</b> Guarantor address; C	ity; State;	Zip Code			
20 Principal occupation	on		21 Employer (See Instructions	5)		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Sch. 1/2 Rpt: 7/8       American Collectors Association of Texas Political       00017304         Date       5       Payee name       American Express         Amount (\$)       7       Payee Address;       City; State; Zip         4.81       P.O. Box 53852       Polycontent       Photomix, AZ 85072-3852         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regurding type of information required Credit card processing fees         Date       Payee name       City; State; Zip       Image: City; State; Zip       Image: City; State; Zip         14.04       P.O. Box 13305       Purpose       City; State; Zip       Image: City; City; State; Zip         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regurding type of information required Credit card processing fees         Purpose       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regurding type of information required Credit card processing fees         Date       Payee name       Spokane, WA 99213-3305       Image: City; State; Zip       Image: City; State; Zip         Spopenditure from       Spokane, WA 99213-3305       Image: City; State; Zip       Image: City; City; City; State; Zip         Purpose       <	Total pages Sebadula I:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
02/20/2024     American Express       Amount (\$)     7     Payee Address; PUPPOSE OF EXPENDITURE     Citegory (See instructors for examples of acceptable categories)     (b) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee Address; O2/02/2024     (A) Category (See instructors for examples of acceptable categories)     (b) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee Address; O2/02/2024     City; State; Zip     (D) Description     (See instructors regarding type of information required Credit card processing fees       Amount (\$)     Payee Address; PuPPOSE     City; State; Zip     (D) Description     (See instructors regarding type of information required Credit card processing fees       PuPoSE     (a) Category (See instructors for examples of acceptable categories)     (b) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee name     Accounting/Banking     (b) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee Address; Accounting/Banking     City; State; Zip     (b) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee name     (D) Description     (See instructors regarding type of information required Credit card processing fees       Date     Payee name	•	American Collectors Association of Texas Political	
4.81     P.O. Box 53852       Expenditure from corporate funds     Phoenix, AZ 85072-3852       PURPOSE EXPENDITURE     (a) Category (see instructions for examples of acceptable categories) Accounting/Banking     (b) Description     (see instructions regarding type of information required Credit card processing fees       Date     Payee name Merchant E-Solutions     P.O. Box 13305       PURPOSE expenditure from corporate funds     Spokane, WA 99213-3305     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date     Payee name Accounting/Banking     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date     Payee name Accounting/Banking     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date     Payee name Accounting/Banking     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date     Payee name Accounting/Banking     (b) Description     (See instructions regarding type of information required Credit card processing fees       PURPOSE expenditure from corporate funds     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date     Payee name Merchant E-Solutions     (See instructions regarding type of information required Credit card processing fees <t< td=""><td></td><td></td><td></td></t<>			
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02/02/2024     Merchant E-Solutions       Amount (\$)     Payee Address;     City; State; Zip       14.04     P.O. Box 13305       Expenditure from corporate funds     Spokane, WA 99213-3305       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Accounting/Banking       Date 03/04/2024     Payee name Merchant E-Solutions     City; State; Zip       Spokane, WA 99213-3305     P.O. Box 13305       Expenditure from corporate funds     Spokane, WA 99213-3305       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit card processing fees       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit card processing fees       Date 01/03/2024     Payee name Merchant E-Solutions     City; State; Zip     Credit card processing fees       Date 01/03/2024     Payee name Merchant E-Solutions     Spokane, WA 99213-3305     (b) Description     (See instructions regarding type of information required Credit Card processing fees       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit Card processing fee	OF		
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03/04/2024       Merchant E-Solutions         Amount (\$)       Payee Address;       City; State; Zip         34.95       P.O. Box 13305         Expenditure from       Spokane, WA 99213-3305         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         OF       Accounting/Banking         Date       Payee name         01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address;       City; State; Zip         82.20       P.O. Box 13305         Expenditure from       Spokane, WA 99213-3305         PURPOSE       (b) Description (See instructions regarding type of information required Credit card processing fees         Date       Payee name         01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address;       City; State; Zip         82.20       P.O. Box 13305         Expenditure from       Spokane, WA 99213-3305       (b) Description (See instructions regarding type of information required Accounting/Banking         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Accounting/Banking			
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34.95       P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description (See instructions regarding type of information required Credit card processing fees         Date 01/03/2024       Payee name Merchant E-Solutions       City; State; Zip P.O. Box 13305         Amount (\$)       Payee Address; P.O. Box 13305       City; State; Zip P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305       (b) Description (See instructions regarding type of information required Credit Card processing fees         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description (See instructions regarding type of information required Credit Card processing fees	03/04/2024	Merchant E-Solutions	
corporate funds       Spokane, WA 99213-3305         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description (See instructions regarding type of information required Credit card processing fees         Date 01/03/2024       Payee name Merchant E-Solutions       Vertical card processing fees         Amount (\$) 82.20       Payee Address; City; State; Zip P.O. Box 13305       Payee Address; City; State; Zip P.O. Box 13305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description (See instructions regarding type of information required Credit Card processing fees			
OF EXPENDITURE       Accounting/Banking       Credit card processing fees         Date       Payee name         01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address;       City; State; Zip         82.20       P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description       (See instructions regarding type of information required Credit Card processing fees		Spokane, WA 99213-3305	
EXPENDITURE       Payee name         Date       Payee name         01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address; City; State; Zip         82.20       P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Credit Card processing fees			•
01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address;       City; State; Zip         82.20       P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card processing fees	EXPENDITURE		
01/03/2024       Merchant E-Solutions         Amount (\$)       Payee Address; City; State; Zip         82.20       P.O. Box 13305         Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card processing fees	Date	Pavee name	
82.20     P.O. Box 13305       Expenditure from corporate funds     Spokane, WA 99213-3305       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories) Accounting/Banking     (b) Description Credit Card processing fees	01/03/2024	Merchant E-Solutions	
82.20         Expenditure from corporate funds         Spokane, WA 99213-3305         PURPOSE OF         (a) Category (See instructions for examples of acceptable categories)         (b) Description         (See instructions regarding type of information required Accounting/Banking	Amount (\$)	Payee Address; City; State; Zip	
Expenditure from corporate funds       Spokane, WA 99213-3305         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Accounting/Banking       (b) Description       (See instructions regarding type of information required Credit Card processing fees	82.20	P.O. Box 13305	
PURPOSE OF Accounting/Banking (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Credit Card processing fees	Expenditure from	Spokane, WA 99213-3305	
OF Accounting/Banking Credit Card processing fees		· · · · · · · · · · · · · · · · · · ·	iption (See instructions regarding type of information required.
	PURPOSE		
	OF		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to co	omplete this form.
2 FILER NAME American Collectors Association of Texas Politica	3     Filer ID     (Ethics Commission Filers)       0     00017304
5 Payee name Merchant E-Solutions	
7 Payee Address; City; State; Zip P.O. Box 13305	
Spokane, WA 99213-3305	
(a) Category (See instructions for examples of acceptable categories) (b) Accounting/Banking	Description (See instructions regarding type of information required.) Credit Card processing fees
Payee name Merchant E-Solutions	
Payee Address; City; State; Zip P.O. Box 13305	
Spokane, WA 99213-3305	
(a) Category (See instructions for examples of acceptable categories) (b) Accounting/Banking	Description (See instructions regarding type of information required.) Credit card processing fees
Payee name Merchant E-Solutions	
Payee Address; City; State; Zip P.O. Box 13305	
Spokane, WA 99213-3305	
(a) Category (See instructions for examples of acceptable categories) (b) Accounting/Banking	Description (See instructions regarding type of information required.) Credit card processing fees
	2       FILER NAME American Collectors Association of Texas Political         5       Payee name Merchant E-Solutions         7       Payee Address; P.O. Box 13305         Spokane, WA 99213-3305         (a) Category (See instructions for examples of acceptable categories) Accounting/Banking         Payee name Merchant E-Solutions         Payee address; Spokane, WA 99213-3305         (a) Category (See instructions for examples of acceptable categories) Accounting/Banking         Payee name Merchant E-Solutions         Payee Address; P.O. Box 13305         Spokane, WA 99213-3305         (a) Category (See instructions for examples of acceptable categories) Spokane, WA 99213-3305