#### 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) 00055981 3 COMMITTEE NAME **OFFICE USE ONLY** Cy-Fair Area Democratic Club PAC Date Received **ELECTRONICALLY FILED** 07/14/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 14119 Hillvale DR Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77077 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Herbert C. NAME NICKNAME LAST **SUFFIX** Whalley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14119 Hillvale DR STREET **ADDRESS** (Residence or Business) Houston, TX 77077 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 14119 Hillvale DR MAILING **ADDRESS** Houston, TX 77077 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 412-0792 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 Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

Cy-Fair Area Democratic Club PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN)	
ACTIVITY  (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.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
(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.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Glection and nature of issue.)	
paper to complète this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	
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3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
Assisted (Identify by name or, if applicable, classify by party.)	
5 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
TOTALS  PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)    X   check here if this report qualifies for the higher itemization threshold	1,972.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$	1,972.00
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  \$	139.5
4. TOTAL POLITICAL EXPENDITURES \$	489.5
CONTRIBUTION  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  \$	7,450.1
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$	0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the actrue and correct and includes all information required tunder Title 15, Election Code.	
Mr. Herbert C. Whalley Signature of Campaign Treasure	<u> </u>
AFFIX NOTARY STAMP / SEAL ABOVE	51
Sworn to and subscribed before me, by the said, this the of, 20, to certify which, witness my hand and seal of office.	day
oi, 20, to certify which, withess my hand and sear of office.	
Signature of officer administering oath Printed name of officer administering oath Title of office	er administering oath

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

		3 of 4
17 COMMITTEE NAME  Cy-Fair Area Democratic Club PAC	<b>18</b> Filer ID 00055981	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,972.06
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	BOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	PR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	RORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	<b>\$</b> 489.57
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	ΓIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

03/05/2024 Harris County Democratic Party
Sch: 1/1 Rpt: 4/4
4 Date 5 Payee name Harris County Democratic Party 6 Amount (\$) 7 Payee address; City; State; Zip Code
03/05/2024 Harris County Democratic Party  6 Amount (\$) 7 Payee address; City; State; Zip Code
03/05/2024 Harris County Democratic Party  6 Amount (\$) 7 Payee address; City; State; Zip Code
6 Amount (\$) 7 Payee address; City; State; Zip Code
\$350.00 4619 Lyons Ave
φοσοίου   ποτο Eyono / We.
Expenditure from Liqueton, TV 77020
Corporate funds Houston, TX 77020
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.
Check it Austin, 17, oiliceriolaer living expense
Program advertisement
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH