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) 00086925 3 COMMITTEE NAME **OFFICE USE ONLY Restoring American Values** Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 2093 Date Hand-delivered or Date Postmarked Change of Address Vidor, TX 77670 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Logan NAME NICKNAME LAST **SUFFIX** Green STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6000 HWY 12 STREET **ADDRESS** (Residence or Business) Vidor, TX 77662 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2093 MAILING **ADDRESS** Vidor, TX 77670 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 201-5933 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** 04/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/04/2024 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)
Restoring American Values			00086925	5
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Seth Mize Orange County D	Prainage Distric	t Director Precinct 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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 check here if this report	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 PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,744.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	2,737.25
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.		
		Mr. Lo	ogan Green	
		Signature of 0	Campaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		, this the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

COMMITTEE NAME Restoring American Values 13 Filer ID (Ethics Commission Filers) 00086925 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain haper to complete this B. Opposed	COMMITTEE NAME Restoring American Values 13 Filer ID (Ethics Commission Filers) 00086925 COMMITTEE ACTIVITY (Identify by name or, if applicable, classify by party.) Attach lists on plain chaper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Richard Capaldi Orange County Drainage District Director Precinct 2 A. Supported B. Opposed B. Opposed	PURPOSE						Page 2 of 7
Restoring American Values O0086925 COMMITTEE (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Richard Capaldi Orange County Drainage District Director Precinct 2 B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted	Restoring American Values COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted Describe and Describe by date and location of election and nature of ssue.) 3. Officeholders Assisted						40.5% :-	Page 3 of 7
Attach lists on plain laper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Richard Capaldi Orange County Drainage District Director Precinct 2 B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted		1					(Ethics Commission Filers)
Attach lists on plain lapplicable, classify by party. Attach lists on plain lapper to complete this lapport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted			ı				
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	COMMITTEE ACTIVITY			Richard Capaldi	Orange County	Drainage Dist	rict Director Precinct 2
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
B. Opposed 3. Officeholders Assisted	B. Opposed 3. Officeholders Assisted			A. Supported				
3. Officeholders Assisted	3. Officeholders Assisted		nature of issue.)					
Assisted	Assisted			B. Opposed				
(Identify by name or, if applicable, classify thy party.)	(demity by name or, if applicable, classify by party.)		Assisted					
			(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

4 of 7						
l		EE NAME American Values	18 Filer ID 00086925	(Ethics Commissi	on Filers)	
19 SCH NAN	IEDULI IE OF :	SUBTOTAL	AMOUNT			
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,300.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL 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.		SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	13,744.20	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
				•		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	JLE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7	
2	FILER NAME Restoring Ar	merican Values		3	Filer ID (Ethics Commiss 00086925	sion Filers)
4	Date 05/15/2024	 Full name of contributor		7	Amount of Contribution (\$	\$6,500.00
	Deire in all a seri	Vidor, TX 77662	O Faralassa (Octobration			
8	Self-employe		9 Employer (See Instructions Greens Second Uses L			
	Date 05/31/2024	Full name of contributor)		Amount of Contribution (\$	\$1,800.00
	Principal occu Self-employe	Vidor, TX 77662 upation / Job title (See Instructions)	Employer (See Instructions Greens Second Uses L			
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Tuttle, Matthew Contributor address; City; State; Zip Code Vidor, TX 77662		•	Amount of Contribution (\$	\$5,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions MSLE Properties	5)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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: 6/7	Restoring American Values 00086925
4 Date	5 Payee name
04/25/2024	Capaldi, Richard
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1539
Expenditure from corporate funds	Mauriceville, TX 77626
·	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation to candidate
	Bondan to sandado
O Commission Chill Military	Condidate/Officeholder name Office county
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Canaldia Dishard Office Sought Office held Canaldia Dishard Orange County Prainage District
oxponditure to senent ere.	Capaldi, Richard Orange County Drainage District
Date	Payee name
05/31/2024	Capaldi, Richard
Amount (\$)	Payee address; City; State; Zip Code
\$4,184.37	PO Box 1539
ψ4,104.57	1 O BOX 1333
Expenditure from	
corporate funds	Mauriceville, TX 77626
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	donation to candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 Capaldi, Richard Orange County Drainage District
Date	Payee name
04/30/2024	Hancock Whitney Bank
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$6.00	PO Box 4019
Expenditure from	
corporate funds	Gulfport, MS 39502
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	bank fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	OTTER (enter a category not listed above)
1 Total pages Schedule F1:	·	3	Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 7/7	Restoring American Values	ľ	00086925
4 Date	5 Payee name	•	
04/25/2024	Mize, Seth		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$1,000.00	8651 Cajun Way		
Expenditure from corporate funds	Orange, TX 77630		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	<u> </u>	side of Texas. Complete Schedule T. K, officeholder living expense
	Candidate/Officeholder/Political Committee	Donation to can	
		201100001110	ididate
9 Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
expenditure to benefit C/O	1.1	County Drainage Dis	
		- County Diamage 2.5	
Date	Payee name		
05/31/2024	Mize, Seth		
Amount (\$)	Payee address; City; State; Zip (Code	
\$7,553.83	8651 Cajun Way		
Expenditure from			
corporate funds	Orange, TX 77630		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	1 <u>—</u>	side of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	donation to can	k, officeholder living expense
		UUIIAUUII 10 Can	uiuate
Complete ONLY if direct	Candidata/Officahaldar nama Offica a	aught	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H Mize, Seth Orange	County Drainage Dis	
	- Orange	County Drainage Dis	inict