FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054528 3 COMMITTEE NAME **OFFICE USE ONLY** I.L.A. Local #20 PAC Fund Date Received **ELECTRONICALLY FILED** 07/31/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 6501 Harborside Dr. Change of Address Galveston, TX 77554-2825 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Erasmo NAME Date Processed NICKNAME LAST **SUFFIX** Raz Date Imaged Herrera Ш CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 33rd St. STREET **ADDRESS** (Residence or Business) Galveston, TX 77550 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 33rd St. MAILING **ADDRESS** Change of Address Galveston, TX 77550 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (409) 763-4396 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
I.L.A. Local #20 PAC	Fund		000	54528	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	Ти саррона			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	991.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	OANS)	\$	991.00
EXPENDITURE	<u> </u>	DGES, LOANS, OR GUARANTEES OF L D POLITICAL EXPENDITURES	.UANS)		
TOTALS	3. TOTAL UNITEMIZE	FOLITICAL EXPENDITORES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			39,870.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00	
6 AFFIDAVIT				<u> </u>	
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information i	at the ac required	ecompanying report is to be reported by me
			Mr. Erasmo Herre		or.
		Sigila	ature of Campaign	rreasur	ei
AFFIX NOTA	RY STAMP / SEAL ABOVE				
					day
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	n Title	ot office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

	3 01 0
17 COMMITTEE NAME 18 Filer I I.L.A. Local #20 PAC Fund 0005	ID (Ethics Commission Filers) 4528
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 991.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	DN \$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZ	ATION \$
9. X SCHEDULE E: LOANS	\$ 0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 160.00
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	* *

	PLEDGED CONTRIBUTIONS		SC	HEDULE B
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/6	
2	FILER NAME I.L.A. Local #20 PAC Fund	3	Filer ID (Ethics Commission Filers) 00054528	
4	TOTAL OF UNITEMIZED PLEDGES		\$	0.00
5	Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	8	Amount of pledge (\$)	description pplicable)
	Though Madreso, Oily, State, Elp Sout		Check if travel outside of Tayon	Complete Cebedule T
10	Dringing occupation / Joh title (See Instructions)	<u> L</u>	Check if travel outside of Texas.	Complete Schedule T.
10	Principal occupation / Job title (See Instructions) 11 Employer (See Instru	uctic	ons)	

	LOANS					SCHEDULE E		
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule E: Sch: 1/1 Rpt: 5/6		
2	2 FILER NAME I.L.A. Local #20 PAC Fund					r ID (Ethics Commission Filers) 054528		
4	TOTAL OF UN	IITEMIZED LOANS			L	\$ 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; City;	State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	14 Description of Collateral None			15 Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

NON-POLITIC	SCHEDULE I					
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME I.L.A. Local #20 PAC Fund	3 Filer ID (Ethics Commission Filers) 00054528				
4 Date 07/25/2024	5 Payee name Harris Jr., Clifford (Ambassador)					
6 Amount (\$) 160.00 Expenditure from	7 Payee Address; City; State; Zip 6501 Harborside Dr					
corporate funds 8 PURPOSE OF EXPENDITURE		scription (See instructions regarding type of information required.) ok Balancing				