#### 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) 00086825 3 COMMITTEE NAME **OFFICE USE ONLY** Harris County Precinct Initiative Date Received **ELECTRONICALLY FILED** 08/31/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13527 N. Tracewood Bend Change of Address Houston, TX 77077 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Leif C. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hatlen CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 13527 N. Tracewood Bend STREET **ADDRESS** (Residence or Business) Houston, TX 77077 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13527 N. Tracewood Bend MAILING **ADDRESS** Change of Address Houston, TX 77077 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (281) 493-3107 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 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

				1	
				13 Filer ID	(Ethics Commission Filers)
Harris County Precin	ct Initiative			00086825	
4 COMMITTEE	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.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)    check here if this report qualifies for the higher itemization threshold			\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	15.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			TDAY \$	255.00
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>l</u>	
		true and	or affirm, under penalty of p d correct and includes all info itle 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
			Mr. Lei	f C. Hatlen	
				ampaign Treasu	ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE		-		
Sworn to and subscrib	and hafara ma, by the said			this the	day
					uay
01		which, waness my han	a and scar or office.		
Signature of officer	administering oath	Printed name of office	r administering oath	Title of office	cer administering oath
	-		-		-

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMITTEE	NAME nty Precinct Initiative	<b>18</b> Filer ID 00086825	(Ethics Commission Filers)
19 SCHEDULE S	SUBTOTALS	3333323	SUBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
			\$
	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	iR	\$
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6. S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. S	SCHEDULE E: LOANS		\$
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 15.00
11. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

### 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 Git/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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 4/4	Harris County Precinct Initiative 00086825			
4 Date	5 Payee name			
07/31/2024	Veritex Community Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$15.00	5900 Memorial Dr			
Expenditure from corporate funds	Houston, TX 77007			
8 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			
	service charge			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			