

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00061836   | <b>2</b> Total pages filed:<br>8                           | <b>OFFICE USE ONLY</b>   |                              |
| <b>3</b> COMMITTEE NAME<br>WTBG Political Action Committee | Date Received<br><b>ELECTRONICALLY FILED</b><br>09/26/2024 |  |                              |
| <b>4</b> TREASURER NAME<br>Beene, Julie D. (Ms.)           | Date Hand-delivered or Date Postmarked                     |  |                              |
| <b>5</b> ORIGINAL REPORT TYPE                              | <input type="checkbox"/> January 15                        | <input type="checkbox"/> Runoff  | Receipt #                    |
|  | <input type="checkbox"/> July 15                           | <input type="checkbox"/> 10th day after campaign treasurer resignation |                              |
|  | <input type="checkbox"/> 30th day before election          | <input type="checkbox"/> Dissolution report                            | Amount                       |
|  | <input type="checkbox"/> 8th day before election           | <input checked="" type="checkbox"/> Other (specify) <u>October 5</u>   | Date Processed               |
| <b>6</b> ORIGINAL PERIOD COVERED                           | Month Day Year<br>08/26/2024                               | THROUGH  | Month Day Year<br>09/25/2024 |
| Date Imaged  |  |  |                              |

**7 EXPLANATION OF CORRECTION**  
A contribution during the reporting period was inadvertently left off of the report.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Ms. Julie D. Beene  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**MONTHLY FILING GENERAL-PURPOSE  
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC  
COVER SHEET PG 1**

|   |  |   |                                  |
|---|--|---|----------------------------------|
| <b>The MPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00061836 | <b>2</b> Total pages filed:<br>8 |
| <b>3</b> COMMITTEE NAME<br>WTBG Political Action Committee                                    |  | <b>OFFICE USE ONLY</b>                                      |                                  |
|   |  | Date Received<br><b>ELECTRONICALLY FILED</b><br>09/26/2024  |                                  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>5219 City Bank Pkwy<br>Lubbock, TX 79407  |   |                                  |
|   |  | Date Hand-delivered or Date Postmarked                      |                                  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Ms. Julie D.   |   |                                  |
|   | NICKNAME LAST SUFFIX<br>Beene  |   |                                  |
|   |  | Receipt # Amount  |                                  |
|   |  | Date Processed  |                                  |
|   |  | Date Imaged   |                                  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>5219 City Bank Pkwy.<br>Lubbock, TX 79407   |   |                                  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 5060<br>Lubbock, TX 79408   |   |                                  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(806) 792-7101 x2268   |   |                                  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |   |                                  |
| <b>10</b> MONTHLY REPORT FILING DEADLINE  | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |   |                                  |
| <b>11</b> PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>08/26/2024           09/25/2024   |   |                                  |

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>WTBG Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00061836 |
|---|---|

|   |  |   |
|---|--|---|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Gilbert Flores Lubbock County Commissioner |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |

|                                |  |             |
|--------------------------------|--|-------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0.00     |
|                                | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |             |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ 0.00     |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00     |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 6,000.00 |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 8,255.00 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0.00     |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Julie D. Beene  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 4 of 8

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>WTBG Political Action Committee   |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00061836 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Keith Bell State Representative          |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
|   |  |   |

# SUBTOTALS - MPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>WTBG Political Action Committee |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00061836 |
| <b>19 SCHEDULE SUBTOTALS</b>                                |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00   |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00   |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 6,000.00   |
| 11.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00   |
| 12.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 13.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00   |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 6/8

2 FILER NAME  
WTBG Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00061836

4 TOTAL OF UNITEMIZED PLEDGES

\$ 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 travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 7/8  |
| <b>2</b> FILER NAME<br>WTBG Political Action Committee                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00061836   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 8/8 | <b>2</b> FILER NAME<br>WTBG Political Action Committee | <b>3</b> Filer ID (Ethics Commission Filers)<br>00061836 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>09/03/2024 | <b>5</b> Payee name<br>Bell, Keith (Mr.) |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P O Box 1178<br><br>Forney, TX 75126 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Keith Bell Campaign |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>09/17/2024 | Payee name<br>Flores, Gilbert (Mr.) |
|--------------------|-------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2606 Purdue<br><br>Lubbock, TX 79415 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Gilbert Flores Campaign |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|