### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.   1   Filer ID (Ethics Commission Filers)   2     00083910   00083910   1					2 Total pages filed: 7	
3	COMMITTEE NAME					OFFICE USE ONLY
	BearbackerPAC					Date Received
						10/31/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY	'; STATE;	ZIP CODE	
	ADDRESS	1300 Post Oak Blvd. Ste. 2000				Date Hand-delivered or Date Postmarked
	Change of Address					
	Change of Address	Houston, TX 77056				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS/MRS/MR FIRST				MI
ľ	TREASURER	Mr. J. Cary				
	NAME	5. Cary				
		NICKNAME LAST				SUFFIX
		Gray				
6		STREET ADDRESS (NO PO BOX PLEASE	);	APT / SUITE	#; CITY;	STATE; ZIP CODE
	TREASURER STREET	1300 Post Oak Blvd., Ste. 2000				
	ADDRESS					
	(Residence or Business)	Houston, TX 77056				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUIT	E #; CITY;	STATE; ZIP CODE
	TREASURER	1300 Post Oak Blvd., Ste. 2000				
	MAILING ADDRESS					
	Change of Address	Houston, TX 77056				
8	CAMPAIGN	AREA CODE PHONE NUMBER	E	XTENSION		
	TREASURER	(713) 986-7157				
	PHONE					
9	REPORT	January 15	30+	n day before election		Dissolution (Attach PAC-DR)
	TYPE			-		
			8th	day before election		10th day after campaign treasurer termination
		July 15	Rur	noff		co.minutori
10	PERIOD COVERED	Month Day Year	<b>-</b>		onth Day	Year
		07/01/2024	ΙH	ROUGH	10/02/2024	1
11	ELECTION	ELECTION DATE	-		TION TYPE	
		Month Day Year	Pri	mary Ru	inoff	Other
		11/05/2024	Ge	neral Sp	ecial	
		<u>                                     </u>				
	GO TO PAGE 2					
-01	ins provided by Te	kas etnics commission WWW	.etr	ics.state.tx.us		Version V4.1.0.48da51f7

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

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13	Filer ID	(Ethics Commission Filers)
BearbackerPAC					00083910	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Pat Curry S	State Representa	ative	
(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.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE ADE ELECTRO	EES OF LOANS, ÒR NICALLY)	2	\$	0.00
	2. TOTAL POLITICA		•		\$	57 500 00
	(OTHER THAN PLE	DGES, LOANS,	, OR GUARANTEES	OF LOANS)	, T	57,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	<b>XPENDITURES</b>		\$	0.00
	4. TOTAL POLITICA	L EXPENDITU	JRES		\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		IS MAINTAINED AS	OF THE LAST DA	<sup>YY</sup> \$	47,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE F			LOANS AS OF TH	E \$	0.00
16 AFFIDAVIT					<b>I</b>	
		tr		ncludes all informa		ccompanying report is to be reported by me
		_		Mr. J. Car		
			:	Signature of Camp	aign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed					the	day
of	, 20, to certify v	vhich, witness m	ny hand and seal of d	office.		
Signature of officer adr	ninistering oath	Printed name of	f officer administerin	g oath	Title of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V4.1.0.48da51f7

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

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			13 Filer ID	(Ethics Commission Filers)
			00083910	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted		Rep. Angela Orr State Represer	ntative	
(Identify by name or, if applicable, classify by party.)				
	(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.)   B. Opposed     2. Measures   A. Supported     (Describe by date and location of election and nature of issue.)   B. Opposed     3. Officeholders   Image: Composed of the second	(Identify by name or, if applicable, classify by party.)   B. Opposed     2. Measures   A. Supported     (Describe by date and location of election and nature of issue.)   B. Opposed     3. Officeholders   Rep. Angela Orr State Representation	1. Candidates   A. Supported     (Identify by name or, if applicable, classify by party.)   B. Opposed     B. Opposed   A. Supported     2. Measures   A. Supported     (Describe by date and location of election and nature of issue.)   B. Opposed     B. Opposed   B. Opposed     3. Officeholders   Rep. Angela Orr State Representative

SUBTOTALS - GPAC	C	FORM GPAC OVER SHEET PG 3 4 of 7
17 COMMITTEE NAME BearbackerPAC	18 Filer ID 00083910	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 57,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	<b>\$</b> 10,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
----------	----

ion Filers)
ion Filers)
\$10,000.00
\$10,000.00
\$20,000.00
\$10,000.00
\$5,000.00
\$5,000.00
\$5,000.00
\$5,000.00
\$5,000.00
\$5,000.00
\$5,000.00
)

MONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
The Instru	iction Guide explains how to complete this fo		pages Schedule A1: 2/2 Rpt: 6/7		
2 FILER NAME Bearbackerl	FILER NAME BearbackerPAC			D (Ethics Commission 3910	on Filers)
4 Date 07/31/2024	Date 5 Full name of contributor Out-of-state PAC (ID#:)			Int of Contribution (\$)	\$500.00
8 Principal occu CEO	Waco, TX 76701 upation / Job title (See Instructions)	9 Employer (See Instructions	)		
Date 08/05/2024	Date Full name of contributor out-of-state PAC (ID#:)			Int of Contribution (\$)	\$2,000.00
	Universal City, TX 78148				
Principal occu Banking / Pi	upation / Job title (See Instructions) resident	Employer (See Instructions TexStar National Bank	)		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME	3	B Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 7/7	BearbackerPAC		00083910
4 Date	5 Payee name		
07/23/2024	Curry, Pat		
6 Amount (\$)	<b>7</b> Payee address; City; State	e; Zip Code	
\$5,000.00	тх		
corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel ou	itside of Texas. Complete Schedule T. X, officeholder living expense nation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
08/17/2024	Orr, Angela		
Amount (\$) \$5,000.00	Payee address; City; State	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel ou	itside of Texas. Complete Schedule T. 'X, officeholder living expense Campaign
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held