### 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)         00015909					2 Total pages filed: 6		
3	COMMITTEE NAME					OFFICE USE ON	ILY
Houston Federation of Teachers COPE						Date Received ELECTRONICALLY FILED 10/07/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Ϋ;	STATE; ZIP C	ODE		
	ADDRESS	2704 Sutherland Street				Date Hand-delivered or Date Postm	narked
	Change of Address						
		Houston, TX 77023				Receipt # Amount	
						Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI	
	NAME	Mr. Zeph					
		NICKNAME LAST				SUFFIX	
		Саро					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	TREASURER STREET ADDRESS	2704 Sutherland Street					
	(Residence or Business)	Houston, TX 77023					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	TREASURER MAILING ADDRESS	2704 Sutherland Street					
	Change of Address	Houston, TX 77023					
8	CAMPAIGN TREASURER		EX1	ENSION			
	PHONE	(713) 623-8891 x229					
9	REPORT TYPE			ay before election		Dissolution (Attach PAC-DR	
		July 15	h da unof	y before election f		10th day after campaign trea termination	asurer
10	PERIOD COVERED	Month Day Year 07/01/2024 Ti	HRC	Month DUGH 09/	Day 26/2024	Year	
11	ELECTION	11/05/2024	Prima		YPE	Other	
	GO TO PAGE 2						
For	rms provided by Te			s.state.tx.us		Version V4.1.	0 48da51f7
. 01						v 0.01011 v +.1.	5. 10000±11

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

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Houston Federation of T	eachers COPE		000159	09		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. 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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	6,434.92		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,534.92		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,351.90		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	14,155.88		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	•		•			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.				
		Mr. Za	ah Cano			
	Mr. Zeph CapoSignature of Campaign Treasurer					
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, th	nis the	day		
		which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

## FORM GPAC COVER SHEET PG 3

3 of 6

17 COMMITTI	(Ethics Commission Filers)		
Houston F			
19 SCHEDUL	SUBTOTAL AMOUNT		
NAME OF			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 6,534.92
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 30,351.90
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6				
2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)				
[		leration of Teachers COPE	00015909				
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)				
	07/06/2024	Anderson, Jackie		\$25.00			
		6 Contributor address; City; State; Zip Code		•			
		Houston, TX 77078-2808					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	President		Houston Federation of 1	Teachers			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
	08/16/2024	Anderson, Jackie		\$25.00			
		Contributor address, City, State, Zip Code					
		Houston, TX 77078-2808					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b> </b>			
	President		Houston Federation of 1				
╞							
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
	08/30/2024	Anderson, Jackie		\$25.00			
		Contributor address; City; State; Zip Code					
		Houston, TX 77078-2808					
L	Dringing age	pation / Job title (See Instructions)	Employer (See Instructions				
	President		Houston Federation of 1	·			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
	09/13/2024	Anderson, Jackie		\$25.00			
		Contributor address; City; State; Zip Code					
		Houston, TX 77078-2808					
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	President Houston Federation of			Feachers			

## 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/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense		Transportation E Travel in District Travel Out of Dis	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 NAM	IE			3 Filer ID	(Ethics Commission Filers)		
Sch: 1/2 Rpt: 5/6		ederation of Teacher	s COPE		00015909	·		
4 Date	5 Payee nam	e						
07/17/2024	Billhighwa	Billhighway						
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
\$27.77	5435 Corp	orate Drive						
	Suite 300							
Expenditure from corporate funds	Troy, MI 4	8098						
	-			<i>(</i> )				
8 PURPOSE OF		See Categories listed at the top	of this schedule)	(b) Description		alata Oshadula T		
EXPENDITURE	Fees					de of Texas. Complete Schedule T. officeholder living expense		
						J expense		
		payroll deduction fee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ight	Office he	eld		
Date	Payee nam	е						
08/30/2024	Billhighwa	у						
Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
.,		-	State, Zip et					
\$49.85		orate Drive						
Expenditure from	Suite 300							
corporate funds	Troy, MI 4	8098						
PURPOSE OF EXPENDITURE	(a) Category Fees	See Categories listed at the top	of this schedule)		outside of Texas. Com n, TX, officeholder living Ction fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ght	Office he	eld		
Date	Payoo nom							
09/13/2024	Payee nam Billbigbwa							
	Billhighwa	-						
Amount (\$)	Payee addr		State; Zip Co	ode				
\$24.28	5435 Corp	orate Drive						
	Suite 300							
Expenditure from corporate funds	Troy, MI 4	8098						
PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Description				
OF Eees				Check if travel	outside of Texas. Com	plete Schedule T.		
EXPENDITURE Check if Austin, TX, officeholder living expense						g expense		
payroll deduction fee								
							Complete <u>ONLY</u> if direct expenditure to benefit C/O	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 6/6	Houston Federation of Teachers COPE		00015909	
4 Date	5 Payee name	I		
07/29/2024	Kathy Blueford Daniel Campaign			
6 Amount (\$) \$250.00	<ul> <li>Payee address; City; State;</li> <li>PO Box 1624</li> </ul>	Zip Code		
corporate funds	Houston, TX 77251			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense ribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		office sought	Office held	
Date	Payee name			
09/25/2024	Texas AFT COPE			
Amount (\$)	Payee address; City; State;	Zip Code		
\$30,000.00	3000 S. IH-35	F		
	Suite 175			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense state COPE	
Complete ONLY if direct	Candidate/Officeholder name	I Office sought	Office held	
expenditure to benefit C/OI	Н			