FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081129 3 COMMITTEE NAME **OFFICE USE ONLY** Fight for Tomorrow Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 807 Brazos St., Ste. 304 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Matthew NAME NICKNAME LAST **SUFFIX** Mackowiak STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 807 Brazos St., Ste. 408 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 807 Brazos St., Ste. 408 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 423-6116 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

13 Filer Fight for Tomorrow 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed	r ID (Ethics Commission Filers) 81129
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	
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2. Measures (Describe by date and location of election and nature of issue.)	
(Describe by date and location of election and nature of issue.)	
(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.)	
5 CONTRIBUTION TOTALS 1. 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 POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 145.24
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 penalty of perjury, the true and correct and includes all information runder Title 15, Election Code.	
Mr. Matthew Mack	rovial:
Signature of Campaign	
AFFIX NOTARY STAMP / SEAL ABOVE	Trousurer
Sworn to and subscribed before me, by the said, this the _	day
of, 20, to certify which, witness my hand and seal of office.	uay
,, to obtary thinking that did obtar of office.	
Signature of officer administering oath Printed name of officer administering oath Title	of officer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 7

er ID ((Ethics Commission Filers)			
081129				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
:	\$ 0.00			
:	\$ 0.00			
	\$ 0.00			
:	\$			
OR	\$			
TION	\$			
	\$			
NIZATION	\$			
	\$ 0.00			
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
	\$ 0.00			
	\$ 0.00			
	\$ 0.00			
	\$ 20.00			
RNED	\$ 0.02			
	RNED			

PLEDGED CONTRIBUTIONS	SCHEDULE B		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/7		
2 FILER NAME Fight for Tomorrow	3 Filer ID (Ethics Commission Filers) 00081129		
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 (\$) In-kind description (If applicable)		
	Check if travel outside of Texas. Complete Schedule	Т.	
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instr	actions)		

	LOANS						SCHE	DULE E	
	The Instruction Guide explains how to complete this form				ges Schedule E: L Rpt: 5/7				
2	FILER NAME Fight for Tomorr		3 Filer ID (Ethics Commission Filers) 00081129			sion Filers)			
4	TOTAL OF UN	ITEMIZED 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 In	nstructions)		1		
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political acco		
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Guar	anteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See Ir	nstructions)				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I: Sch: 1/1 Rpt: 6/7	2 FILER NAME Fight for Tomorrow 3 Filer ID (Ethics Come 00081129	nmission Filers)			
4	Date 07/31/2024	5 Payee name TRUWEST CREDIT UNION				
6 	Amount (\$) 10.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 12221 RIATA TRACE PKWY Austin, TX 78727				
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information of the instruction of the instructions regarding type of information of the instruction of t	mation required.)			
	Date 08/31/2024	Payee name TRUWEST CREDIT UNION				
	Amount (\$) 10.00 Expenditure from corporate funds	Payee Address; City; State; Zip 12221 RIATA TRACE PKWY Austin, TX 78727				
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information of the instruction of the instructions regarding type of information of the instruction of the inst	mation required.)			
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Fight for Tomorrow 00081129 8 Amount (\$) Date 5 Name of person from whom amount is received 07/31/2024 TRUWEST CREDIT UNION \$0.01 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78727 Purpose for which amount is received Check if political contribution returned to filer DIVIDEND Amount (\$) Date Name of person from whom amount is received 08/31/2024 TRUWEST CREDIT UNION \$0.01 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78727 Purpose for which amount is received Check if political contribution returned to filer **DIVIDEND**