CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed:

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1	Filer ID (Ethi	cs Commission Filers)	2 Total page	s filed:				OFF	ICE US	SE ONLY	,
	00069675			6				Date Received	I		
3	COMMITTEE	Lufkin Police Associa	tion Political Ac	tion Co	mmittee			ELECTRO	ONICAL	LY FILED	į
	NAME							10/14/202	24		
4	TREASURER	Malone, Nicholas J. (Mr.)					1			
	NAME	,	,					Date Hand-deli	inarad ar D	ata Daatmarka	al
5	ORIGINAL	D January 15	Г		·#			Date Hand-deli	ivered of D	ale Posiliaike	J
	REPORT TYPE	January 15 July 15	F	Rund		naign treas	urer resignation	Receipt #		Amount	
		30th day before electi	on L	=	olution report	paigirtieas	urer resignation				
		8th day before electio	=	==	r (specify) O	ctober 5		Date Processe	ed .		
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ь	ORIGINAL PERIOD COVERED	,	ear TUD	OUGH	Month	Day	Year	Date Imaged			
		08/26/2024	Ink	ОООП	09/2	25/2024		<u> </u>			
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	riginally filed this repor lance was still exactly	t with the wrong dates. T	here was no mor	ney in or	out of our P	PAC and w	e didn't not en	dorse anyone	during t	that time. C	ur fund
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00069675 3 COMMITTEE NAME **OFFICE USE ONLY** Lufkin Police Association Political Action Committee Date Received **ELECTRONICALLY FILED** 10/14/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1705-A Feagin Change of Address Lufkin, TX 75904-5535 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Nicholas J. NAME Date Processed NICKNAME **SUFFIX** LAST Nick Date Imaged Malone CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1705-A Feagin STREET **ADDRESS** (Residence or Business) Lufkin, TX 75904 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1705-A MAILING **ADDRESS** Change of Address Lufkin, TX 75904 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (936) 414-1776 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			•		
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Lufkin Police Association	on Political Action Com	mittee		00069675	
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.)	7. Capported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTED OR GUARANTEES OF INTERPRETATION OF ITERMS OF THE PROPERTATION	LOANS, ÖR Y)	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR GUA	ARANTEES OF LOANS)	ľ	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDIT	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		TAINED AS OF THE LAST	DAY \$	2,498.18
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTS REPORTING PERIOD	TANDING LOANS AS OF	THE \$	0.00
.6 AFFIDAVIT	<u> </u>			<u> </u>	
		true and c	r affirm, under penalty of pe correct and includes all infor e 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Mr. Nichola	as J. Malone	
			Signature of Ca	mpaign Treasu	irer
AFFIX NOTARY	Y STAMP / SEAL ABOVE				
Sworn to and subscribed	d hefore me, by the said		, ti	nis the	day
					uuy
	_	,			
Signature of officer ac	dministering oath	Printed name of officer a	administering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 6

4 of 6							
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
Luf							
l	HEDUL ME OF	SUBTOTAL AMOUNT					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0	0.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0	0.00		
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0	0.00		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.		\$					
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$				
9.	X	SCHEDULE E: LOANS		\$ 0	0.00		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 0	0.00		
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0	0.00		
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0	0.00		
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	0.00		
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
				•			

PLEDGED CONTRIBUTIONS	SCHEDULE B			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/6			
FILER NAME Lufkin Police Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00069675			
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00			
Date 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)			
7 Flougor Address, City, State, Zip Code	Check if travel outside of Texas. Complete Schedule T			
0 Principal occupation / Job title (See Instructions) 11 Employer (See Instruc	—			
Zimpioyor (Goo monac	3.0.16)			

	LOANS						SCHE	DULE E	
	The Instruction Guide explains how to complete this form						ages Schedule E: ./1 Rpt: 6/6		
2	FILER NAME Lufkin Police As:		3	Filer ID 000696	(Ethics Commiss	sion Filers)			
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00	
5	Date of loan	7 Name of lender out-of-stat	te PA	C (ID#:)	9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City; Stat	te;	Zip Code			10 Interest Rate		
							11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ıctions)		•		
14	Description of Coll	ateral		15 Check if personal fur	nds were o	deposited	into political acco (See Instructi		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guar	anteed (\$)	
	not applicable	18 Guarantor address; City; Stat	te;	Zip Code					
20	Principal occupation	on		21 Employer (See Instru	ictions)				