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) 00088958 3 COMMITTEE NAME **OFFICE USE ONLY** Texas State Troopers Association PAC Date Received **ELECTRONICALLY FILED** 10/24/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2261 Gattis School Road Date Hand-delivered or Date Postmarked Ste. 250 Change of Address Round Rock, TX 78664 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Rohnnie NAME NICKNAME LAST **SUFFIX** Shaw STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2261 Gattis School Road STREET **ADDRESS** Ste. 250 (Residence or Business) Round Rock, TX 78664 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2261 Gattis School Road MAILING **ADDRESS** Ste. 250 Round Rock, TX 78664 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (575) 631-4882 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

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L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filer	s)
Texas State Troopers A	Association PAC		00088958		
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.)				
		B. Opposed			
	3. Officeholders	Sen. Carol Alvardo State Sena	 ator		
	Assisted (Identify by name or, if applicable, classify by party.)		ate.		
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	-	0.00
	2. TOTAL POLITICA				
		EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	(0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			(0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	-	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00
OUTSTANDING LOAN TOTALS	I	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
.6 AFFIDAVIT					
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.			
		Mr Rohi	nnie Shaw		
		Signature of Car		ror	
		Oignature of oar	Illpaigh Hoasa.	CI	
AFFIX NOTARY	Y STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said _	, tł	his the	day	
		which, witness my hand and seal of office.			
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	er administering oath	•

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					Fage 3 01 0
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas State Troopers	Association PAC			00088958	
14 COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dr. Donna Campbell State Sena	ator	
COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Morgan LaMantia State Se	enator	
COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Cody Harris State Represe	entative	
	(Identify by name or, if				

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						rage 4 01 0
12	COMMITTEE NAME				13 Filer ID (Ethics C	Commission Filers)
Texas State Troopers Association PAC					00088958	
	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.)		Rep. Benjamin Bumgarner State	Representative	
	COMMITTEE ACTIVITY	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.)		Rep. David Cook State Represe	ntative	
	COMMITTEE ACTIVITY	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.)		Rep. John Bryant State Represe	entative	

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			13 Filer ID	(Ethics Commission Filers)
Association PAC			00088958	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Mark Dorazio State Repre	sentative	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. John Bucy State Represer	ntative	
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			
Officeholders Assisted (Identify by name or, if		Rep. Lacey Hull State Represer	ntative	
	1. Candidates (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.) 1. Candidates (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.) 1. Candidates (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	1. Candidates (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.) 1. Candidates (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.) 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) 4. Supported B. Opposed 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures In Candidates Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	1. Candidates (dentify by name or, if applicable, classify by party.)	Association PAC 1. Candidates (dentity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) 1. Candidates (dentity by name or, if applicable, classify by party.) B. Opposed 4. Supported (Describe by date and location of election and nature of issue.) B. Opposed 5. Opposed 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Officeholders Assisted (dentity by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (destity by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 9. Opposed 1. Candidates (dentity by name or, if applicable, classify by party.) 1. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
Texas State Troopers As	sociation PAC			00088958		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Brent Money State Represe	resentative		
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Mrs. Janis Holt State Represen	tative		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Wis. sams from State Represent	idiive		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Andrew Louderback State F	Representative		
(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.)					
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FORM GPAC **ADDENDUM**

			13 Filer ID	(Ethics Commission Filers)
ssociation PAC			00088958	
1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Solomon Ortiz Jr. State R	epresentative	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Mr. Patrick Curry State Repre	sentative	
	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				
	1. Candidates (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.) 1. Candidates (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	1. Candidates (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.) 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.) B. Opposed A. Supported B. Opposed B. Opposed	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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Mr. Patrick Curry State Repre Mr. Patrick Curry State Repre A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	Sociation PAC 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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Mr. Patrick Curry State Representative Mr. Patrick Curry State Representative B. Opposed A. Supported D. Supported A. Supported D. Supported A. Supported D. Supported D

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMITTEE NAME Texas State Troopers Association PAC	.8 Filer ID 00088958	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	1	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION	ION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGAN	NIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED	\$