FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00089007 3 COMMITTEE NAME **OFFICE USE ONLY** Anderson Shiro Citizens For Real Progress Committee Date Received **ELECTRONICALLY FILED** 10/25/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 91 Date Hand-delivered or Date Postmarked Change of Address Bedias, TX 77831 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Linda NAME NICKNAME LAST **SUFFIX** Napier STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4410 HWY 90 North STREET **ADDRESS** (Residence or Business) Anderson, TX 77830 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 816 MAILING **ADDRESS** Anderson, TX 77830 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 439-3663 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 10/05/2024 **THROUGH** 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME 13 Filer ID | | | (Ethics Commission Filers) | | |
|---|---|---|----------------------------|------------------|------------|
| Anderson Shiro Citizens For Real Progress Committee 0008900 | | | | | |
| 14 COMMITTEE PURPOSE | | CANDIDATE / OFFICEHOLDER NAME | | | |
| (Attach lists on plain paper to complete this report if necessary.) | Candidate | OFFICE SOLICHT (candidate) / OFFICE HEL | D (officeholder) | | |
| _ | Officeholder | OFFICE SOUGHT (candidate) / OFFICE HEL | .b (officeriolder) | | |
| SUPPORT | | BALLOT IDENTIFICATION / # | TION DATE | | |
| (Candidate or Measure) | | Prop A | Month | | ear |
| X OPPOSE (Candidate or Measure) | X Measure | | 11/05/2 | , | |
| ASSIST (Officeholder) | Niedsure | DESCRIPTION Anderson-Shiro Consolidated Independe | rict Bond Issue | 9 | |
| | | | | | |
| 15 CONTRIBUTION TOTALS | | I FRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED | N PLEDGES, | \$ | \$0.00 |
| | 2. TOTAL POLITICAL CO | ONTRIBUTIONS | | | |
| | (OTHER THAN PLEDGE: | S, LOANS, OR GUARANTEES OF LOANS) | | \$ | \$700.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ \$0 | | | \$0.00 | |
| | 4. TOTAL POLITICAL EX | (PENDITURES | | \$ | \$2,441.40 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTREPORTING PERIOD | TRIBUTIONS MAINTAINED AS OF THE LAST | DAY OF THE | \$ | \$308.46 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN | UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD | THE LAST | \$ | \$0.00 |
| 16 AFFIDAVIT | | I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code. | | | |
| Linda Napier | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer | | | | | |
| Sworn to and subscribed | before me, by the said | , t | his the | (| day |
| | | , witness my hand and seal of office. | | | |
| Signature of officer adı | ministering oath Print | ed name of officer administering oath | Title of office | er administering | oath |

SUBTOTALS - SPAC

FORM SPAC **COVER SHEET PG 3**

| 3 of 5 | | | | | |
|--|---|-------------|-------------|------------------|--|
| 17 COMMITT | EE NAME | 18 Filer ID | (Ethics Con | nmission Filers) | |
| Anderson Shiro Citizens For Real Progress Committee 00089007 | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | OTAL AMOUNT | |
| 1. X | . X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | 700.00 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | \$ | | | |
| 5. | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 6. | 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 7. | 7. SCHEDULE E: LOANS | | | | |
| 8. X | S. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | 2,441.40 | |
| 9. | 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | |
| 10. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 11. | 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | |
| 12. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | |
| 13. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 14. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|---------------------------|---|------------------------------|----------------|---|-------------|
| | The Instru | e Instruction Guide explains how to complete this form. | | | Total pages Schedule A1: Sch: 1/1 Rpt: 4/5 | |
| 2 | FILER NAME Anderson Sh | ER NAME derson Shiro Citizens For Real Progress Committee | | | Filer ID (Ethics Commission 00089007 | n Filers) |
| 4 | Date 10/10/2024 | 5 Full name of contributor | | | Amount of Contribution (\$) | \$300.00 |
| 8 | Principal occu | Houston, TX 77025 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Date 10/10/2024 | Full name of contributor out-of-state PAC (ID#:) Holloway, K. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Anderson, TX 77830 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Kerr, Terri Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Navasota, TX 77868 spation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | ·) | Amount of Contribution (\$) | |
| | 10/11/2024 | Lewis, Tammy Contributor address; City; State; Zip Code | | | | \$100.00 |
| | Principal occu | Plantersville, TX 77363 pation / Job title (See Instructions) | Employer (See Instructions | j 5) | | |
| | | | | | | |

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/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | |
|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission | | |
| | Sch: 1/1 Rpt: 5/5 | Anderson Shiro Citizens For Real Progress Committee 00089007 | | |
| 4 | Date | 5 Payee name | | |
| | 10/21/2024 | Boerlin, Elizabeth | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$1,551.03 | 14657 County Road 229 | | |
| | ! | | | |
| | | Bedias, TX 77831 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | ! | Check if Austin, TX, officeholder living expense To reimburse Elizabeth Boerlin for the mailers | | |
| | ! | To tellibuise Elizabeth Boetiin for the mailers | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| 9 | expenditure to benefit C/O | | | |
| | | | | |
| | Date | Payee name | | |
| | 10/21/2024 | Texas GOP Store | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$490.37 | 20230 Kings Camp Drive | | |
| | ! | | | |
| | | Katy, TX 77450 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | ! | Check if Austin, TX, officeholder living expense For signs | | |
| | ! | For signs | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/O | | | |
| | | | | |
| | Date | Payee name | | |
| | 10/21/2024 | Texas GOP Store | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$400.00 | 20230 Kings Camp Drive | | |
| | ! | | | |
| | | Katy, TX 77450 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Advertising Expense | | |
| | - | Check if Austin, TX, officeholder living expense | | |
| | 1 | Signs | | |
| | Operation ONLY if allowed | Our distance (Office health annuage) | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H | | |
| | | | | |
| | | | | |
| | | | | |