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) 00088933 3 COMMITTEE NAME **OFFICE USE ONLY** Everytown-Demand a Seat PAC Texas Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 4184 Date Hand-delivered or Date Postmarked Change of Address New York, NY 10163 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Brouillard STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 450 Lexington Ave. STREET **ADDRESS** #4184 (Residence or Business) New York, NY 10017 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4184 MAILING **ADDRESS** New York, NY 10163 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (646) 324-8250 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) Χ **TYPE** 10th day after campaign treasurer 8th day before election 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

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)			
Everytown-Demand	a Seat PAC Texas	00088933			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Chase West State Representa	ative		
(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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		1,636,230.16	
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,648,230.16	
CONTRIBUTION BALANCE	l l	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	I -	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	·		ı		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
	Mr. Michael Brouillard				
		Signature of Ca	ampaign Treasurer		
AFFIX NOTA	ARY STAMP / SEAL ABOVE				
Sworn to and subscri	bed before me, by the said _	, t	this the	day	
		which, witness my hand and seal of office.			
Signature of office	r administering oath	Printed name of officer administering oath	Title of officer a	dministering oath	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Everytown-Demand a Seat PAC Texas					00088933	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		rted	Suleman Lalani State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Ann Johnson State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Kristian Carranza State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Everytown-Demand a S COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Everytown-Demand a Seat PAC Texas 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) 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.) 2. 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Suppo (Jeentify by name or, if applicable, place and location of election and nature of issue.) B. Oppos	Everytown-Demand a Seat PAC Texas COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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Opposed	Everytown-Demand a Seat PAC Texas COMMITTEE ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Suleman Lalani State Represent Suleman Lalani State Representation of election and nature of Issue.) B. Opposed B. Opposed COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE (Chestribe by data and location of election and nature of fasue.) A. Supported Ann Johnson State Representation of election and nature of fasue.) B. Opposed B. Opposed COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) COMMITTEE 1. Candidates (identity by name or. if applicable. classify by party.) Committee 1. Candidates (identity by name or. if applicable. classify by party.) Committee 1. Candidates (identity by name or. if applicable. classify by party.) Committee 1. Candidates (identity by name or. if applicable. classify by party.) Committee 1. Candidates (identity by name or. if applicable. classify by party.) Committee 2. Measures (identity by name or. if applicable. classify by party.) Committee 2. Measures (identity by name or. if applicable. classify by party.) Committee 3. Of	Everytown-Demand a Seat PAC Texas COMMITTEE ACTIVITY ACTIVITY Describe by sales and boater to complete this report if necessary.) COMMITTEE ACTIVITY 1. Candidates 1. Candidates (dentity by name) 3. Officeholders Assisted (dentity by name) (dentity by name) 1. Candidates (dentity by name) (dentity by name) 2. Measures (Describe by attent and nature of issue.) 3. Officeholders Assisted (dentity by name) (dentity by name) 1. Candidates (dentity by name) 2. Measures (Describe this report if necessary.) 3. Officeholders Assisted (dentity by name) 2. Measures (Describe this report if necessary.) 3. Officeholders Assisted (dentity by name or, if spelicate, classify by party) 3. Officeholders Assisted (dentity by name or, if spelicate, classify by party) 4. Supported COMMITTEE 2. Measures (Describe by date and boater) of section and nature of section and nature of section and nature of section and boater of section and bo

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					4 of 8
17 COMN	/ITTE	E NAME	18 Filer ID	(Ethic	s Commission Filers)
Every	vtown	-Demand a Seat PAC Texas	00088933		
19 SCHE	DULE	SUBTOTALS	<u> </u>	Π,	CONTRACTOR ANADUMT
NAME OF SCHEDULE					SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	- IR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	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	S	\$	1,648,230.16
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	11,628.73

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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 5/8	Everytown-Demand a Seat PAC Texas	00088933
4 Date	5 Payee name	<u> </u>
10/25/2024	Ann Johnson Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$1,000.00	P.O. Box 56386	
Expenditure from corporate funds	Houston, TX 77256	
8 PURPOSE OF	, ,	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	tht Office held
expenditure to benefit C/OI		J.1100 11514
Date	Payee name	
10/08/2024	Chase E. West	
		No
Amount (\$) \$500.00	Payee address; City; State; Zip Coo 1506 Grand Junction Dr	ie.
\$300.00	1300 Grand Junction Di	
Expenditure from corporate funds	Katy, TX 77450	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution
		Tollioal College
Complete ONLY if direct	Candidate/Officeholder name Office sou	tht Office held
expenditure to benefit C/OI		
Date	Payee name	
10/15/2024	Dr. Suleman Lalani for Texas	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$500.00	PO Box 6514	
- Funanditura from		
Expenditure from corporate funds	Houston, TX 77265	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution
		i onucai continuution
Complete ONLY if direct	Candidate/Officeholder name Office souc	tht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office field

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 Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 6/8	Everytown-Demand a Seat PAC Texas 00088933
4 Date	5 Payee name
10/22/2024	Texas Senate Democratic Caucus
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 1042
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
•	

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: 7/8 2 FILER NAME Filer ID (Ethics Commission Filers) Everytown-Demand a Seat PAC Texas 00088933 Date 8 Amount (\$) 5 Name of person from whom amount is received 10/01/2024 Bank of America \$10,383.73 6 Address of person from whom amount is received; City; State; Zip Code Charlotte, NC 28202 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest Earned Name of person from whom amount is received Amount (\$) Date 10/15/2024 Carlie for House Campaign \$745.00 Address of person from whom amount is received; City; State; Zip Code Eden Prairie, MN 55344 Purpose for which amount is received Check if political contribution returned to filer Refund Date Name of person from whom amount is received Amount (\$) 10/03/2024 Walsh for Denver \$500.00 Address of person from whom amount is received; City; State; Zip Code Denver, CO 80207 Purpose for which amount is received Check if political contribution returned to filer Refund

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

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	The Instruction Guide explains how to complete only if "Report Type" on page 1 is marked "Diss		
1	COMMITTEE NAME		2 Filer ID (Ethics Commission Filers)
	Everytown-Demand a Seat PAC Texas		00088933
3	Affidavit of Dissolution		
	I, the undersigned campaign treasurer, do not expect committee for this or any other campaign or election declare that all of the information required to be reported as a dissolution report terminates the appoint committee may not make or authorize political expeappointment of campaign treasurer on file.	n for which reporting under the orted by me has been reporte ment of campaign treasurer.	e Election Code is required. I d. I understand that designating a I further understand that a political
Mr. Michael Brouillard			
	Signature of Campaign Treasurer		
	DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSO		
	AFFIX NOTARY STAMP / SEAL ABOVE		
	Sworn to and subscribed before me, by the said		the day of ,
	Signature of officer administering oath Printed nam	e of officer administering oath	Title of officer administering oath