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) 00043087 3 COMMITTEE NAME **OFFICE USE ONLY** Cherry Tree Republicans PAC Date Received **ELECTRONICALLY FILED** 10/27/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12414 Foxburo Dr Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77065 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Catherine Anne NAME NICKNAME LAST **SUFFIX** Anne Bly STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12414 Foxburo Dr STREET **ADDRESS** (Residence or Business) Houston, TX 77065 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12414 Foxburo Dr MAILING **ADDRESS** Houston, TX 77065 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 677-7711 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

12 COMMITTEE NAME	2 COMMITTEE NAME			
Cherry Tree Republicans PAC 000				
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Knox Harris County Sher	iff	
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 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 (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,500.00
CONTRIBUTION BALANCE	•	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		4,555.32
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	-		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Cather	ine Anne Bly	
		Signature of Car	mpaign Treasurer	
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, tr	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer ad	dministering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Cherry Tree Republicans PAC		00043087
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Smith Kay State Representative	
(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	
Officeholders Assisted (Identify by name or, if applicable, classify by par	ty.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Steve Radack Harris County Ta	x Assessor
(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	
Officeholders Assisted (Identify by name or, if applicable, classify by par	ty.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Republican	
(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	
Officeholders Assisted (Identify by name or, if applicable, classify by par	ty.)	

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 6
17 COMMITTEE NAME Cherry Tree Republicans PAC 18 Filer ID 00043087				(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
6.	. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
7.	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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 3,500.00
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	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

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

Candidate/Officeholder/Politica Credit Card Payment	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: 1/2 Rpt: 5/6	Cherry Tree Republicans PAC 00043087		
4 Date	5 Payee name		
10/15/2024	Mike, Knox		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	7941 Katy Freeway #108		
Expenditure from			
corporate funds	Houston, TX 77024		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if the late of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation		
	Donation		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Dete			
Date	Payee name		
10/04/2024	Radack, Steve		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	7941 Katy Freeway #138		
Evnanditura from			
Expenditure from corporate funds	Houston, TX 77024		
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.		
EXPENDITORE	Candidate/Officeholder/Political Committee		
	Donation		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experience to believe eye			
Date	Payee name		
10/15/2024	Smith, Kay		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 776		
Expenditure from corporate funds	Cypress, TX 77410		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Donation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/2 Rpt: 6/6	Cherry Tree Republicans PAC 00043087
4 Date	5 Payee name
10/08/2024	Texting for Less
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	354 State St Ste 201
Expenditure from corporate funds	Hackensack, NJ 07601
8 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
	Texting Services for Appellate Races for Courts 1
	and 14
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held