#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)         00015909						2 Total pages filed: 5
3 COMMITTEE NAME						OFFICE USE ONLY
	Houston Federatio	n of Teachers COPE				Date Received
						ELECTRONICALLY FILED
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	<del>י</del> Y;	STATE; ZIP (	CODE	
	ADDRESS	2704 Sutherland Street				Date Hand-delivered or Date Postmarked
	Change of Address					
		Houston, TX 77023				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS/MRS/MR FIRST				MI
ľ	TREASURER	Mr. Zeph				
	NAME					
		NICKNAME LAST				SUFFIX
		Саро				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER	2704 Sutherland Street		,	- ,	- ,
	STREET ADDRESS					
	(Residence or Business)	Houston, TX 77023				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
Ľ	TREASURER	2704 Sutherland Street		/	сн н,	0
	MAILING ADDRESS					
		Houston, TX 77023				
	Change of Address					
8	CAMPAIGN TREASURER		EXT	ENSION		
	PHONE	(713) 623-8891 x229				
	DEDORT					
9	REPORT TYPE	January 15 3(	)th d	ay before election		Dissolution (Attach PAC-DR)
		X 8t	h da	y before election		10th day after campaign treasurer
		July 15	unof	f	<u> </u>	termination
10	PERIOD COVERED	Month Day Year		Month	Day	Year
	OOVERED	09/27/2024 TI	HRC	DUGH 10	/26/2024	Į.
11	ELECTION	ELECTION DATE		ELECTION		
	ELECTION		Prima		ITPE	Other
		11/05/2024				
			Sene	special Special		
	GO TO PAGE 2					
For	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7					

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)				
Houston Federation of Teachers COPE			00015909			
ACTIVITY (Identify by name or, if applicable, classify by party.)						
(Attach lists on plain						
(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 Ballot ID:HISD Election Date:20	024-11-05 De	sc:Prop A		
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS       1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)         X       check here if this report qualifies for the higher itemization threshold				4,845.89		
	2. TOTAL POLITICA		\$			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	φ	5,890.89		
EXPENDITURE TOTALS						
	4. TOTAL POLITICA	L EXPENDITURES	\$	73.92		
CONTRIBUTION BALANCE			DAY \$	18,179.18		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	1					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.						
			ph Capo	_		
	Signature of Campaign Treasurer					
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said day						
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

### FORM GPAC COVER SHEET PG 3

3 of 5

17 COMMITT	(Ethics Commission Filers)					
Houston F						
19 SCHEDUL	SUBTOTAL AMOUNT					
NAME OF						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 5,890.89			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 73.92			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

**SUBTOTALS - GPAC** 

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Houston Federation of Teachers COPE 00015909 5 Full name of contributor 4 Date Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/03/2024 \$1,045.00 Houston Federation of Teachers . . . . . . . . . . . . . . . . 6 Contributor address; City; State; Zip Code Houston, TX 77023 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Houston Federation of Teachers COPE		Filer ID(Ethics Commission Filers)00015909
4 Date 10/26/2024	<ul> <li>Payee name Billhighway</li> </ul>		
6 Amount (\$) \$73.92 Expenditure from corporate funds	7 Payee address; City; State; 5435 Corporate Drive Suite 300 Troy, MI 48098	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schere Fees	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense n fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held