#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00068952 Date Received COMMITTEE Bay Area Conservatives Political Action Committee **ELECTRONICALLY FILED** NAME 10/28/2024 TREASURER Long, Kari (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/01/2024 09/26/2024 **EXPLANATION OF CORRECTION** A contribution of \$500 from Mayes Middleton was reported twice. First, the \$500 contribution was reported on the July 15, 2024 report. Then, the contribution was reported again on the 30th day before election report. The \$500 contribution has been removed from the 30th day before the election report and the contribution balance has been updated. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mrs. Kari Long Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

#### 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) 00068952 3 COMMITTEE NAME **OFFICE USE ONLY** Bay Area Conservatives Political Action Committee Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 919 Davis Road Date Hand-delivered or Date Postmarked Change of Address League City, TX 77573 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kari NAME NICKNAME LAST **SUFFIX** Long STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2951 Marina Bay Dr. STREET **ADDRESS** #130-120 (Residence or Business) League City, TX 77573 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2951 Marina Bay Dr. MAILING **ADDRESS** #130-120 League City, TX 77573 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 632-5769 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 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   | NAME 13 Filer ID (Ethics Commission Filers)  |   | (Ethics Commission Filers) |                       |
|---|--|---|----------------------------|-----------------------|
| Bay Area Conservati   | tives Political Action Committee   |   |                            |                       |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                | A. Supported Hank Dugie County Commissi   | oner, Galves               | ton County            |
| (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.) |   |                            |                       |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS N  | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold | \$                         | 0.00                  |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE   | AL CONTRIBUTIONS<br>EDGES, LOANS, OR GUARANTEES OF LOANS)   | \$                         | 6,000.00              |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZEI  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |                            | 0.00                  |
|   | 4. TOTAL POLITICA  | AL EXPENDITURES   | \$                         | 9,837.25              |
| CONTRIBUTION<br>BALANCE   |  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  |                            | 710.75                |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD   | THE \$                     | 0.00                  |
| 16 AFFIDAVIT  |  |   |                            |                       |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all informunder Title 15, Election Code.                     |                            |                       |
|   |  | Mrs. Ka   | ari Long                   |                       |
|   |  | Signature of Car  | mpaign Treasur             | er                    |
| AFFIX NOTA  | RY STAMP / SEAL ABOVE  |   |                            |                       |
| Sworn to and subscrib   | ed before me, by the said _  | , th  | 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 office            | er administering oath |

#### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC

|  |   |  |  |  | ADDENDUM   |
|--|---|--|--|--|--|
|  |   |  |  |  | Page 4 of 7  |
|  |   |  |  | 13 Filer ID  | (Ethics Commission Filers)   |
| s Political Action Cor   | nmittee   |  |  | 00068952   |  |
| Candidates     (Identify by name or, if applicable, classify by party.)      |   | Scott Higginbotham   | League Cit   | y Council  |  |
|  | 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.)                     |   |  |  |  |  |
|  |   |  |  |  |  |
|  | Candidates (Identify by name or, if applicable, classify by party.)      Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted | (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  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  A. Supported  A. Supported  A. Supported | 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  A. Supported  A. Supported  A. Supported | 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  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported  A. Supported |

#### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

|   |   | 5 of 7             |  |
|---|---|--------------------|--|
| 17 COMMITTEE NAME  Bay Area Conservatives Political Action Committee                  | (Ethics Commission Filers)                        |                    |  |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE   | SUBTOTAL AMOUNT                                   |                    |  |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    | . X 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 LABO ORGANIZATION          | \$  |                    |  |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | \$  |                    |  |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                        | ANIZATION   | \$                 |  |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           |   | \$                 |  |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                      | ORGANIZATION                                      | \$                 |  |
| 9. SCHEDULE E: LOANS  |   | \$                 |  |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:                | S   | <b>\$</b> 9,837.25 |  |
| 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 I                | RETURNED  | \$                 |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |

|   | MONET   | TARY POLITICAL CONTRIBUTION   | DNS  | SCHEDUL   | E <b>A1</b> |
|---|---|---|--|---|-------------|
|   | The Instruction Guide explains how to complete this form. |   |  | 1 Total pages Schedule A1:<br>Sch: 1/1 Rpt: 6/7 |             |
| 2 | FILER NAME<br>Bay Area Co                                 | onservatives Political Action Committee   | 3 Filer ID (Ethics Commission 00068952           | n Filers)                                       |             |
| 4 | Date 09/05/2024   | <ul> <li>Full name of contributor</li></ul>   |  | 7 Amount of Contribution (\$)                   | \$5,000.00  |
| 8 | Principal occu  | League City, TX 77573  upation / Job title (See Instructions)   | Employer (See Instruction:     B&M Machine Works | ons)  |             |
|   | Date<br>07/22/2024  | Full name of contributor out-of-state PAC (ID#:_Joiner, Carl  Contributor address; City; State; Zip Code  Kemah, TX 77565 |  | Amount of Contribution (\$)                     | \$1,000.00  |
|   | Principal occu  | upation / Job title (See Instructions)  | Employer (See Instruction: Joiner Architects     | ns)   |             |
|   |   |   |  |   |             |

## 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|--|
| 1 Total pages Schedule F1:                          | · · · · · · · · · · · · · · · · · · ·  |
| Sch: 1/1 Rpt: 7/7                                   | Bay Area Conservatives Political Action Committee 00068952   |
| 4 Date  | 5 Payee name   |
| 07/01/2024  | A.E. Strategies, LLC   |
| 6 Amount (\$)                                       | 7 Payee address; City; State; Zip Code   |
| \$337.25  | 209 W. 2nd St, Suite 110   |
|   |  |
| Expenditure from corporate funds                    | Fort Worth, TX 76102   |
| 8 PURPOSE<br>OF                                     | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| EXPENDITURE   | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   | Accounting and compliance consulting   |
|   |  |
| Complete ONLY if direct expenditure to benefit C/Ol | L Candidate/Officeholder name Office sought Office held H  |
|   |  |
| Date  | Payee name   |
| 08/21/2024  | Hank Dugie Campaign  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$4,500.00  | P.O. Box 1501  |
| Expenditure from corporate funds                    | League City, TX 77575  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE                                   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | Candidate/Officeholder/Political Committee Campaign Contribution   |
|   | Sumpaign Continuation  |
| Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/Ol                         |  |
| Date  | Payee name   |
| 07/17/2024  | Parabellum Media LLC   |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$5,000.00  | 1005 Congress Ave. Suite 960   |
|   |  |
| Expenditure from corporate funds                    | Austin, TX 78701   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE                                   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | Media in support of the Scott Higginbotham   |
|   | Campaign   |
| Complete <u>ONLY</u> if direct                      | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O                          |  |
|   |  |
|   |  |
|   |  |