

# 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)  
00058228

**2** Total pages filed:  
8

**3** COMMITTEE NAME  
Mid-Cities Democrats

**OFFICE USE ONLY**

Date Received  
ELECTRONICALLY FILED  
10/28/2024

**4** COMMITTEE ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
805 Shady Creek Ct.  
Arlington, TX 76013

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

Change of Address

**5** CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
Mr. Sean A.

NICKNAME LAST SUFFIX  
Hayward

**6** CAMPAIGN TREASURER STREET ADDRESS  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
805 Shady Creek Ct.  
Arlington, TX 76013

**7** CAMPAIGN TREASURER MAILING ADDRESS  
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
805 Shady Creek Ct.  
Arlington, TX 76013

Change of Address

**8** CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(817) 975-3933

**9** REPORT TYPE  
 January 15  30th day before election  Dissolution (Attach PAC-DR)  
 July 15  8th day before election  10th day after campaign treasurer termination  
 Runoff

**10** PERIOD COVERED  
Month Day Year THROUGH Month Day Year  
07/01/2024 THROUGH 10/26/2024

**11** ELECTION  
ELECTION DATE ELECTION TYPE  
Month Day Year  
11/05/2024  
 Primary  Runoff  Other  
 General  Special

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME Mid-Cities Democrats	<b>13</b> Filer ID (Ethics Commission Filers) 00058228
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 964.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 1,244.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 150.65
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 650.65
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 3,782.80
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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.

Mr. Sean A. Hayward  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this 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 administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Mid-Cities Democrats		<b>18 Filer ID</b> (Ethics Commission Filers) 00058228
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,244.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 650.65
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Mid-Cities Democrats		3 Filer ID (Ethics Commission Filers) 00058228
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sharon	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Grapevine, TX 76051	
8 Principal occupation / Job title (See Instructions) Real Estate Investor		9 Employer (See Instructions) JohnsonGrove LLC
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sharon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sharon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
<b>2</b> FILER NAME Mid-Cities Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00058228
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Sharon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Investor		<b>9</b> Employer (See Instructions) JohnsonGrove LLC
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Sharon <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Sharon <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) JohnsonGrove LLC

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 6/8

2 FILER NAME  
Mid-Cities Democrats

3 Filer ID (Ethics Commission Filers)  
00058228

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 7/8
<b>2</b> FILER NAME Mid-Cities Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00058228
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME Mid-Cities Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00058228
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<b>4</b> Date 09/26/2024	<b>5</b> Payee name Patrick, Cathy
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<b>6</b> Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 106 Park Haven Blvd  Eules, TX 76039
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Progress Texas
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Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 132162  Dallas, TX 75313
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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