FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066105 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Latino Conservatives PAC Date Received **ELECTRONICALLY FILED** 10/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P. O. Box 130853 Change of Address Houston, TX 77219-0853 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Hector G. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Longoria CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 642 Heights Blvd. STREET **ADDRESS** (Residence or Business) Houston, TX 77007 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 642 Heights. Blvd. MAILING **ADDRESS** Change of Address Houston, TX 77007 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 561-3334 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| | | | - 1 | | |
|---|--|--|----------------------|-----------------------------|--|
| 2 COMMITTEE NAME 13 File | | | | | |
| Texas Latino Conserva | tives PAC | | 000 | 066105 | |
| 4 COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (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 | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | 1 1 3 3 3 3 7 | | | | |
| L5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | POLITICAL CONTRIBUTIONS (OTHE OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | ER THAN | \$ | 0.00 |
| | 2. TOTAL POLITICA | - | | \$ | 0.00 |
| | (OTHER THAN PLEI | OGES, LOANS, OR GUARANTEES OF | LOANS) | Ť | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 8,195.00 |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ | 2,396.82 | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ | 0.00 | |
| 6 AFFIDAVIT | 1 | | | 1 | |
| | | I swear, or affirm, under p true and correct and inclu under Title 15, Election C | ides all information | nat the acco required to | ompanying report is be reported by me |
| | | | Mr. Hector G. Loi | ngoria | |
| | | | nature of Campaign | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | - | | | |
| Over the send subservibed | leafana na haraba asid | | Aleka Alea | | al a c |
| | | hich, witness my hand and seal of offic | | | day |
| UI | , 20, to certify (| mich, withess my hand and sear of onic | .c. | | |
| Signature of officer ad | ministering oath | Printed name of officer administering o | ath Title | e of officer a | administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | 3 of 5 |
|----------------------------|--|-----------------------------|----------------------------|
| 17 COMMITTE Texas Latir | E NAME no Conservatives PAC | 18 Filer ID 00066105 | (Ethics Commission Filers) |
| 19 SCHEDULE NAME OF S | SUBTOTAL AMOUNT | | |
| 1. | 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 | PR | \$ |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ |
| 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 O | ORGANIZATION | \$ |
| 9. | SCHEDULE E: LOANS | | \$ |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 8,195.00 |
| 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 | DNS | \$ |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 4 Tatal manua Cabadula E4. | |
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/5 | 2 FILER NAME Texas Latino Conservatives PAC 3 Filer ID (Ethics Commission Filers) 00066105 |
| 4 Date | 5 Payee name |
| 10/08/2024 | Eu Entertainment, Inc. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$195.00 | 10900 Northwest Freeway, Suite 201 |
| Expenditure from corporate funds | Houston, TX 77092 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| | Check if Austin, TX, officeholder living expense |
| | Video editing |
| | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/26/2024 | Herrera, Katherine |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | 6003 Lost Creek Dr. |
| Expenditure from corporate funds | San Antonio, TX 77223 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Field Director monthly retainer |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/26/2024 | Mammoth Marketing Group |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4,000.00 | 4500 Bissonnet St. #370 |
| Expenditure from | |
| corporate funds | Bellaire, TX 77401 |
| 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 and digital advertising |
| | Toxing and digital advertising |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributing Expense Contributions/ Donations Made By 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: 2/2 Rpt: 5/5 | Texas Latino Conservatives PAC 00066105 |
| 4 | Date | 5 Payee name |
| | 09/26/2024 | Perez, Alma |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,000.00 | 2112 Dartmouth Ave. |
| | +=,000.00 | |
| | Expenditure from corporate funds | McAllen, TX 78504 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Field Director Retainer |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |