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) 00016529 3 COMMITTEE NAME **OFFICE USE ONLY** Ironworkers State COPE Fund Date Received **ELECTRONICALLY FILED** 11/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 414 N. Main St Ste 105 Change of Address Grapevine, TX 76051 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Jerrod NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Strange CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 414 N. Main Street STREET **ADDRESS** Suite 105 (Residence or Business) Grapevine, TX 76051 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 414 N. Main Street MAILING **ADDRESS** Suite 105 Change of Address Grapevine, TX 76051 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (575) 607-0278 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 March 5 September 5 December 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

		•		
L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Ironworkers State COP	E Fund		00016529	
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 Macauras	A. Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Rep. Terry Meza State Repres	sentative	
	Assisted (Identify by name or, if applicable, classify by party.)	Tropi Tony moza etato respict	ornan vo	
5 CONTRIBUTION	1. TOTAL UNITEMIZED	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,086.09
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,086.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,950.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	144,609.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
6 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Mr. Jerro	od Strange	
		Signature of Car		ırer
AFFIX NOTARY	' STAMP / SEAL ABOVE	3.g. a.a.a. 5 3 3 a.a.	pa.g acc	
Sworn to and subscriber	I hefore me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.	113 ti 10	uuy
<u> </u>	_, 20, to certify t	which, with east my hand and sear of office.		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 7
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Ironworkers State COPE F	und			00016529	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
report if necessary.)					
	2. 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.)		Rep. Gina Hinojosa State Repre	esentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		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.)		Sen. Sarah Eckhardt State Sena	ator	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Krista Laine Austin City Co	ouncil District 6	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 4 of 7 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Ironworkers State COPE Fund 00016529 14 COMMITTEE 1. Candidates A. Supported Mrs. Cindy Stormer District Judge **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (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.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				OVER OTIEE	5 of 7
		EE NAME	18 Filer ID	(Ethics Commiss	ion Filers)
		rs State COPE Fund	00016529		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL	AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,086.09
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 C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	4,950.00
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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Fayment	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: 6/7	Ironworkers State COPE Fund 00016529
4 Date	5 Payee name
09/26/2024	Eckhardt, Sarah (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 301586
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
	Campaign Contribution for Incumbent Texas Senate
	District 14
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/26/2024	Hinojosa, Gina (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 300095
4000.00	1 0 26% 000000
Expenditure from	Austin, TX 78703
corporate funds	l m
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution for Incumbent State
	Representative District 4
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/26/2024	Laine, Krista (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	8629 Toro Creek Cove
¥ 100100	Unit #E
Expenditure from	
corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution for Austin City Council
	District 6 Candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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
TTHER (order a cotogony pet listed above)

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 7/7	Ironworkers State COPE Fund 00016529
4	Date	5 Payee name
	09/26/2024	Meza, Terry (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 155076
	- Consortitus from	
L	Expenditure from corporate funds	Irving, TX 75015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Campaign Contribution for Texas State
		Representative District 105
Ļ	Operation ONLY if all parts	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/26/2024	Stormer, Cindy (Mrs.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4455 Camp Bowie Blvd
	, ,	Ste 114
╓	Expenditure from	Fort Worth, TX 76107
Ľ	corporate funds	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contribution for Tarrant Co Judge District
		213
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1