MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

		1 Filer ID	2 Total pages filed:
The MPAC Instruction	Guide explains how to complete this form		6
3 COMMITTEE NAME	Ξ		OFFICE USE ONLY
Texas Timeshare	Owners Political Action Committee		Date Received
			ELECTRONICALLY FILED
			11/05/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	9271 S John Young Pkwy		
	SZTI S Solin Toung F kwy		
Change of Addres	^{is} Orlando, FL 32819		
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked
TREASURER			Receipt # Amount
NAME	Ms. Sonya		
			Date Processed
	NICKNAME LAST	SUFF	IX
	Dixon		Date Imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CITY; S	TATE; ZIP CODE
STREET	9271 S John Young Pkwy		
ADDRESS (Residence or Business)			
,	Orlando, FL 32819		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE
TREASURER MAILING	8505 W. Irlo Bronson Memorial Hwy		
ADDRESS			
Change of Addres	^{is} Kissimmee, FL 34747		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(407) 395-6729		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	January 5 A	oril 5 🛛 🗌 July 5	October 5
DEADLINE		ay 5 August 5	X November 5
	March 5	ine 5 September 5	December 5
11 PERIOD	Month Day Year	Month	n Day Year
COVERED	09/26/2024	THROUGH 10/25	5/2024
	GC	D TO PAGE 2	
Forms provided by Te		.ethics.state.tx.us	Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Timeshare Owne	rs Political Action Com	mittee	00081139	
14 COMMITTEE ACTIVITY	1. 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	230.74
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	230.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Son	iya Dixon	
		Signature of Car	-	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

17 COMMITT		18 Filer ID	(Ethics Corr	mission Filers)
	neshare Owners Political Action Committee	00081139	1	
	E SUBTOTALS SCHEDULE		SUBTO	DTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	230.74
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 (ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	17.16
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Timeshare Owners Political Action Committee	00081139
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-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	:
The Instruction Guide explains how to complete this form.		ages Schedule E: /1 Rpt: 5/6	
2 FILER NAME Texas Timeshare Owners Political Action Committee	3 Filer ID 000811	(Ethics Commission Filers) 139	
⁴ TOTAL OF UNITEMIZED LOANS	•	\$ 0.	.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate 11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	6)		
14 Description of Collateral 15 Check if personal funds we None	ere deposited	d into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)	
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	5)	1	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME 3 Filer ID (Ethics Commission Filer) Texas Timeshare Owners Political Action Committee 00081139
Date 10/11/2024	5 Payee name Wells Fargo
Amount (\$)	7 Payee Address; City; State; Zip PO Box 63020 City; State; Zip
17.16 Expenditure from corporate funds	San Francisco, CA 94163
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Bank Fees Accounting/Banking Bank Fees
	<u> </u>