GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | Guide explains how to complete this form. | 1 | Filer ID (Ethics Commission Filers) 00063437 | | 2 Total pages filed: 6 |
|-----|-------------------------|---|-------|--|------------|---|
| 3 | COMMITTEE NAME | | - | | | OFFICE USE ONLY |
| | Texas Motion Pictu | Ire Alliance PAC | | | | Date Received |
| | | | | | | ELECTRONICALLY FILED |
| | | | | | | 11/15/2024 |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CI | TY; | STATE; ZIP COD | E | |
| | ADDRESS | c/o Susan Fowler | , | | | Date Hand-delivered or Date Postmarked |
| | Change of Address | 4809 Comal St. | | | | Date manu-uenvereu of Date Postiniarkeu |
| | Change of Address | Pearland, TX 77581 | | | | Receipt # Amount |
| | | | | | | |
| | | | | | | Date Processed |
| | | | | | | |
| | | | | | | Date Imaged |
| 5 | CAMPAIGN | MS / MRS / MR FIRST | | | | MI |
| | TREASURER NAME | Ms. Susan R. | | | | |
| | | | | | | |
| | | NICKNAME LAST Fowler | | | | SUFFIX |
| | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; CI | TY; | STATE; ZIP CODE |
| ĺ | TREASURER | 4809 Comal Street | | | , | , |
| | STREET ADDRESS | | | | | |
| | (Residence or Business) | Pearland, TX 77581 | | | | |
| 7 | | STREET OR PO BOX; | | APT / SUITE #; 0 | CITY; | STATE; ZIP CODE |
| | TREASURER MAILING | c/o Susan Fowler | | | | |
| | ADDRESS | 4809 Comal St. | | | | |
| | Change of Address | Pearland, TX 77581 | | | | |
| 8 | CAMPAIGN | AREA CODE PHONE NUMBER | EX | TENSION | | |
| | TREASURER PHONE | (832) 377-1242 | | | | |
| | | | | | | |
| 9 | REPORT TYPE | January 15 | 0th d | lay before election | | Dissolution (Attach PAC-DR) |
| | | | th da | ay before election | Γ | 10th day after campaign treasurer |
| | | X July 15 | uno | ff | | termination |
| | | | | | | |
| 10 | PERIOD COVERED | Month Day Year 01/01/2024 T | HR | Month D DUGH 06/30/2 | ay 2024 | Year |
| | | | | 00/30/. | 2024 | t |
| 11 | ELECTION | ELECTION DATE | | ELECTION TYPE | Ξ | |
| | | Month Day Year | Prim | ary Runoff | | Other |
| | | | Gen | eral Special | | |
| | | | | | | |
| | | ı | | | | |
| | | | | | | |
| | | | ГО | PAGE 2 | | |
| Foi | rms provided by Tex | kas Ethics Commission www.e | thic | s.state.tx.us | | Version V4.1.0.5dd2ace |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|---------------------------------------|---|
| Texas Motion Picture A | lliance PAC | | 00063437 | |
| 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 | POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 70.00 |
| 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 I G PERIOD | DAY \$ | 10.74 |
| 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. | rjury, that the ac nation required | ccompanying report is to be reported by me |
| | | Ms. Susar | n R. Fowler | |
| | | Signature of Car | npaign Treasur | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| | | , tł | nis the | day |
| of | _, 20, to certify v | which, witness my hand and seal of office. | | |
| Signature of officer ad | lministering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Forms provided by Texas E | Ethics Commission | www.ethics.state.tx.us | | Version V4.1.0.5dd2ace2 |

| FORM GPAC |
|------------------|
| COVER SHEET PG 3 |

| | | | | 3 of 6 |
|-------------|--|--------------|-------------|------------------|
| 17 COMMITTE | EE NAME | 18 Filer ID | (Ethics Cor | nmission Filers) |
| Texas Mo | tion Picture Alliance PAC | 00063437 | | |
| | E SUBTOTALS SCHEDULE | | SUBT | OTAL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 70.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | |
| 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 | ORGANIZATION | \$ | |
| 9. | SCHEDULE E: LOANS | | \$ | |
| 10. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 14. X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | 60.00 |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | |

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 |
|----------------|--|------------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | on Picture Alliance PAC | | 00063437 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 01/16/2024 | Fowler, Susan (Ms.) | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Pearland, TX 77581 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Film TV Exe | 2C | Self | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/12/2024 | Fowler, Susan (Ms.) | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Pearland, TX 77581 | • | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Film TV Exe | c | Self | |
| Date | |) | Amount of Contribution (\$) |
| 03/08/2024 | Fowler, Susan (Ms.) | | \$20.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Decised TV 77501 | | |
| Dringing loog | Pearland, TX 77581 | | <u> </u> |
| Film TV Exe | upation / Job title (See Instructions) | Employer (See Instructions Self | 5) |
| | | | I |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 05/15/2024 | Fowler, Susan (Ms.) | | \$20.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Pearland, TX 77581 | | |
| Principal occı | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ج) |
| Film TV Exe | | Self | , , |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/25/2024 | Fowler, Susan (Ms.) | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Pearland, TX 77581 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Film TV Exe | C | Self | |
| | | | 5) |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| 01/31/2024 Amount (\$) 7 10.00 Expenditure from corporate funds | Texas Motion Picture Alliance PAC Payee name Wells Fargo Bank N.A. (808) Payee Address; City; State; Zip P.O. Box 266000 Dallas, TX 75326 O Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name Wells Fargo Bank N.A. (808) | 00063437 (b) Description (See instructions regarding type of information required. Bank Account Fee |
|---|---|---|
| 01/31/20247Amount (\$)710.0010.00Expenditure from corporate funds6PURPOSE OF EXPENDITURE(aDate 02/29/20242Amount (\$) 10.0010.00 | Wells Fargo Bank N.A. (808) Payee Address; City; State; Zip P.O. Box 266000 Dallas, TX 75326 O Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 2000112101 |
| Amount (\$)710.0010.00Expenditure from corporate funds(aPURPOSE OF EXPENDITURE(aDate | Payee Address; City; State; Zip P.O. Box 266000 Dallas, TX 75326 Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 2000112101 |
| 10.00Expenditure from corporate fundsPURPOSE OF EXPENDITUREDate 02/29/2024Amount (\$) 10.00 | P.O. Box 266000 Dallas, TX 75326 Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 20001 plion |
| Expenditure from corporate funds (a PURPOSE OF EXPENDITURE (a Date 02/29/2024 (a Amount (\$) 10.00 (b) | Dallas, TX 75326) Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 20001 plion |
| Expenditure from corporate funds (a PURPOSE OF EXPENDITURE (a Date 02/29/2024 (a Amount (\$) 10.00 (a) |) Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 20001 plion |
| PURPOSE OF EXPENDITURE(aDate 02/29/2024aAmount (\$) 10.00a |) Category (See instructions for examples of acceptable categories) Accounting/Banking Payee name | () 20001 plion |
| OF EXPENDITURE | Accounting/Banking Payee name | () 20001 plion |
| 02/29/2024 Amount (\$) 10.00 | | |
| Amount (\$) 10.00 | Wells Fargo Bank N.A. (808) | |
| 10.00 | | |
| | Payee Address; City; State; Zip | |
| | P.O. Box 266000 | |
| corporate funds | Dallas, TX 75326 | |
| | Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required. |
| OF | Accounting/Banking | Bank Account Fee |
| EXPENDITURE | | |
| Date | Payee name | |
| 03/29/2024 | Wells Fargo Bank N.A. (808) | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 10.00 | P.O. Box 266000 | |
| Expenditure from | | |
| corporate funds | Dallas, TX 75326 | |
| PURPOSE (a OF EXPENDITURE | Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required. Bank Account Fee |
| Date | Payee name | |
| 04/30/2024 | Wells Fargo Bank N.A. (808) | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 10.00 | P.O. Box 266000 | |
| Expenditure from corporate funds | Dallas, TX 75326 | |
| |) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required. |
| OF EXPENDITURE | Accounting/Banking | Bank Account Fee |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | The Instruction Guide explains how to complete this form. | |
|---|---|--------------|
| Total pages Schedule I: Sch: 2/2 Rpt: 6/6 | 2 FILER NAME 3 Filer ID (Ethics Commission 00063437) | sion Filers |
| Date 05/31/2024 | 5 Payee name Wells Fargo Bank N.A. (808) | |
| Amount (\$) 10.00 Expenditure from corporate funds | 7 Payee Address; City; State; Zip P.O. Box 266000 Dallas, TX 75326 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information of the second sec | on required. |
| Date 06/28/2024 | Payee name Wells Fargo Bank N.A. (808) | |
| Amount (\$) 10.00 – Expenditure from | Payee Address; City; State; Zip P.O. Box 266000 | |
| corporate funds PURPOSE OF EXPENDITURE | Dallas, TX 75326 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Bank Account Fee | on required. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |