

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00063437	<b>2</b> Total pages filed: 7
<b>3</b> COMMITTEE NAME Texas Motion Picture Alliance PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 11/15/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o Susan Fowler 4809 Comal St. Pearland, TX 77581		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Susan R.	
	NICKNAME LAST SUFFIX	Fowler	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4809 Comal Street Pearland, TX 77581		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o Susan Fowler 4809 Comal St. Pearland, TX 77581		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	377-1242	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2023		12/31/2023
<b>11</b> ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Motion Picture Alliance PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00063437
---	---

<b>14 COMMITTEE ACTIVITY</b>  (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 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	60.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.74
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.

Ms. Susan R. Fowler  
\_\_\_\_\_  
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> Texas Motion Picture Alliance PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00063437
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 60.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 60.00
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: 4/7
2 FILER NAME Texas Motion Picture Alliance PAC		3 Filer ID (Ethics Commission Filers) 00063437
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Susan	7 Amount of Contribution (\$)  \$10.00
	6 Contributor address; City; State; Zip Code  Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Film TV Exec		9 Employer (See Instructions) Self
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Susan	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Film TV Exec		Employer (See Instructions) Self
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Susan (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Film TV Exec		Employer (See Instructions) Self
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Susan (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Film TV Exec		Employer (See Instructions) Self
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Susan (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Film TV Exec		Employer (See Instructions) Self

# 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: 5/7
<b>2</b> FILER NAME Texas Motion Picture Alliance PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00063437
<b>4</b> Date 12/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Susan (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Film TV Exec		<b>9</b> Employer (See Instructions) Self

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 6/7	2 FILER NAME Texas Motion Picture Alliance PAC	3 Filer ID (Ethics Commission Filers) 00063437
4 Date 07/31/2023	5 Payee name Wells Fargo Bank N.A. (808)	
6 Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) July 2023 Bank Fee
Date 08/29/2023	Payee name Wells Fargo Bank N.A. (808)	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Aug 2023 Bank Fees
Date 09/29/2023	Payee name Wells Fargo Bank N.A. (808)	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Sept 2023 Bank Fees
Date 10/30/2023	Payee name Wells Fargo Bank N.A. (808)	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Oct 2023 Bank Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 7/7	2 FILER NAME Texas Motion Picture Alliance PAC	3 Filer ID (Ethics Commission Filers) 00063437
4 Date 11/30/2023	5 Payee name Wells Fargo Bank N.A. (808)	
6 Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Nov 2023 Bank Fees
Date 12/30/2023	Payee name Wells Fargo Bank N.A. (808)	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 266000  Dallas, TX 75326	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Dec 2023 Bank Fees