FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086795 3 COMMITTEE NAME **OFFICE USE ONLY** Harris County Deputy Constables Association PAC Date Received **ELECTRONICALLY FILED** 11/18/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9800 Northwest Fwy #307 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Janice L. NAME NICKNAME LAST **SUFFIX** Grizzaffi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 17423 Katy Fwy. STREET **ADDRESS** (Residence or Business) Houston, TX 77094 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9800 Northwest Fwy #307 MAILING **ADDRESS** Houston, TX 77092 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 381-0715 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filer	rs)
Harris County Deputy C			00086795		
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
		B. Opposed			
	3. Officeholders	Mr. Alan Rosen Harris County	y Constable		
	Assisted (Identify by name or, if	PCT 1			
	applicable, classify by party.)				
L5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$		0.00
	_	qualifies for the higher itemization threshold			
	2. TOTAL POLITICA		\$		0.00
-========	`	DGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEL	D POLITICAL EXPENDITURES	\$		0.00
	4 TOTAL BOLITICA	LEVENDITUES			
	4. TOTAL POLITICA	L EXPENDITURES	\$		0.00
CONTRIBUTION	5. TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY		
BALANCE	OF THE REPORTING		\$		0.00
OUTSTANDING	6. TOTAL PRINCIPAL A	AMOUNT OF ALL OUTSTANDING LOANS AS OF			
LOAN TOTALS	LAST DAY OF THE I	REPORTING PERIOD	\$		0.00
L6 AFFIDAVIT	•		<u> </u>		
		I swear, or affirm, under penalty of pe	orium, that the a	ccompanying report is	
		true and correct and includes all infor			
		under Title 15, Election Code.			
		lonico I	Grizzaffi		
		Signature of Ca		rer	
		Signature of our	pa.gii iioadui	· - ·	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, ti	his the	day	
		which, witness my hand and seal of office.		uuy	
		•			
					_
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

TTEE NAME				13 Filer ID	(Ethics Commission Filers)
Harris County Deputy Constables Association				00086795	
TTEE TY lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. SupportedB. Opposed			
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.)		Mr. Jerry Garcia Harris County (PCT 2	Constable	
TTEE TY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
lists on plain complete this 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.)		Mr. Sherman Eagleton Harris Co PCT 3	ounty Constabl	e
TTEE ГҮ	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
lists on plain complete this 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.)		Ms. Silvia Trevino Harris County PCT 6	/ Constable	
	TTEE TY TITEE TY TITEE TY Dists on plain ocomplete this necessary.) TITEE TY Dists on plain ocomplete this necessary.)	County Deputy Constables Association TTEE TY Itists on plain complete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) TTEE TY Itists on plain complete this necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) TTEE TY Itists on plain complete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY Itists on plain or omplete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) TTEE TY Itists on plain or omplete this necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) TTEE TY Itists on plain or omplete this necessary.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	County Deputy Constables Association PAC TIEE TY 1. Candidates (Identify by name or, if applicable, classify by party.)	County Deputy Constables Association PAC TITEE Y I. Candidates (downly by name or, if applicable, classify by party) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Y ITEE 1. Candidates (downly by name or, if applicable, classify by party) B. Opposed TITEE 1. Candidates (downly by name or, if applicable, classify by party) B. Opposed Iterative of issue.) B. Opposed TITEE 1. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed B. Opposed TITEE 1. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed B. Opposed TITEE TY ITEE TY ITEE TY ITEE TY I. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed B. Opposed TITEE TY I. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed TITEE TY I. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed TITEE TY I. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed TITEE TY I. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed TITEE TY I. Candidates (Describe by date and location and nature of issue.) B. Opposed B. Opposed TY I. Candidates (Describe by date and location and nature of issue.) B. Opposed TY TY TY TY TY TY TY TY TY T	County Deputy Constables Association PAC TTEE 1. Candidates (Identify by name or if supplicable, classify by party) 2. Measures (Osercific by date and focation of election and nature of issue) 3. Officeholders Assisted (Identify by name or if applicable, classify by party) B. Opposed 3. Officeholders Assisted (Identify by name or if applicable, classify by party) Islists on plain complete this necessary.) 2. Measures (Osercific by date and focation of election and return of issue) 3. Officeholders Assisted (Identify parame or if applicable, classify by party) B. Opposed 3. Officeholders Assisted (Identify parame or if applicable, classify by party) B. Opposed 3. Officeholders Assisted (Identify parame or if applicable, classify by party) B. Opposed 4. Supported (Identify parame or if applicable, classify by party) B. Opposed 5. Opposed 4. Supported (Identify parame or if applicable, classify by party) B. Opposed 5. Opposed 6. Opposed A. Supported (Identify by parame or if applicable, classify by party) B. Opposed 6. Opposed 7. A. Supported (Identify by parame or if applicable, classify by party) B. Opposed 6. Opposed 7. A. Supported (Identify by parame or if applicable, classify by party) B. Opposed 8. Opposed 9. Opposed 9. Opposed

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

12 COMMITTEE ACTIVITY COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported (Generally by same or, if applicable, classary by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Mr. Phil Sandlin Harris County Constable PCT 8 A. Supported Mr. Wesley Doolittle Montgomery County Sherriff A. Supported Mr. Wesley Doolittle Montgomery County Sherriff B. Opposed B. Opposed A. Supported A. Supported A. Supported B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed						Page 4 of 7
1. Candidates (definity by name or, if applicable, classify by party.) [Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Mr. Phil Sandlin Harris County Constable PCT 8 Mr. Wesley Doollittle Montgomery County Sheriff (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Mr. Wesley Doollittle Montgomery County Sheriff (Identify by name or, if applicable, classify by party.) B. Opposed 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.) B. Opposed	MMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed Mr. Phil Sandlin Harris County Constable PCT 8 Mr. Wesley Doolittle Montgomery County Sheriff Mr. Wesley Doolittle Montgomery County Sheriff B. Opposed 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.) B. Opposed	rris County Deputy Cons	stables Associatio	on PAC		00086795	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by parry.) COMMITTEE ACTIVITY 1. Candidates (Identity by name or, if applicable, classify by parry.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of Issue.) 2. Measures (Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identity by name or, if Identify by name or, if	TIVITY	entify by name or, if			•	
(Obescribe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	per to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by name, or, if	(Des loca	escribe by date and atton of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			B. Opposed			
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	(Ide	Assisted entify by name or, if			Constable	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	TIVITY	entify by name or, if		Mr. Wesley Doolittle Montgome	ery County She	iff
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	per to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if	(Des loca	escribe by date and atton of election and	A. Supported			
Assisted (Identify by name or, if			B. Opposed			
applicable, classify by party.)	(Ide	Assisted entify by name or, if				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				5 0	of 7
l	MMITTI	(Ethics Commission Filers	s)		
на	rris Co				
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUN	NT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	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.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B	
The Instruction Guide explains how to complete this form.					1 Total pages Schedule B: Sch: 1/1 Rpt: 6/7		
2 FILER N	AME County Deputy Constables As	sociation PAC		3	Filer ID (Ethics Commission Filers) 00086795		
4	OF UNITEMIZED PLEDO				\$	0.00	
5 Date			D#:	_) 8	Amount of	9 In-kind description	
	7 Pledgor Address;	City; State; Zip Co	de		pledge (\$)	(If applicable) I I I I	
				[_	tside of Texas. Complete Schedule T.	
10 Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ons)		

	LOANS					SCHEDUL	ΕE
-	The Instruction Guide explains how to complete this form.					ages Schedule E: 11 Rpt: 7/7	
	FILER NAME Harris County De	eputy Constables Associa	tion PAC		3 Filer ID (Ethics Commission Filers) 00086795		
4 .	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5 [Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
f	s lender a inancial nstitution?	8 Lender address; (City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction:	s)	•	
14 [Description of Coll None	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
[not applicable	18 Guarantor address; (City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction:	s)		