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) 00055549 3 COMMITTEE NAME **OFFICE USE ONLY** GMP Local Union 283 PAC Fund Date Received **ELECTRONICALLY FILED** 11/25/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 27002 Carol Dr. Change of Address Huffman, TX 77336 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Robert D. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Humphrey CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 27002 Carol Dr. STREET **ADDRESS** (Residence or Business) Huffman, TX 77336 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 27002 Carol Dr. MAILING **ADDRESS** Change of Address Huffman, TX 77336 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (281) 797-8057 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

GMP Local Union 283 PAC Fund 1. Candidates (Identify by name or, if applicable, classify by party.) 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.) 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	5549
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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN purposes) DESCRIPTION OF GUARANTEES OF LOANS OF	
(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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS OR CHARANTEES OF LOANS OR	
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TOTALS DIEDGES LOANS OF CHARANTEES OF LOANS OF	
CONTRIBUTIONS MADE ELECTRONICALLY) X check here if this report qualifies for the higher itemization threshold	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES STOTALS	0.00
4. TOTAL POLITICAL EXPENDITURES \$	0.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$	11,993.01
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$	0.00
5 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that true and correct and includes all information recunder Title 15, Election Code.	the accompanying report is quired to be reported by me
Mr. Robert D. Hump	hrev
Signature of Campaign Tr	
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 o	of officer administering oath

SUBTOTALS - MPAC

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				9 01 9
17 COMMITT	EE NAME cal Union 283 PAC Fund	(Ethics Commission Filers)		
	1			
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
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 LABOURGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$		
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 CONTRIBUTIONS	\$	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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
			-	

PLE	OGED CONTRIBUTION	IS			SCHEDULE B			
The Instruction Guide explains how to complete this form. 2 FILER NAME GMP Local Union 283 PAC Fund				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
				3	Filer ID (Ethics Commission Filers) 00055549			
4	OF UNITEMIZED PLEDGES				\$ 0.0			
5 Date 6 Full name of pledgor out-of-state PAC		ut-of-state PAC (ID#:_			Amount of pledge (\$) In-kind description (If applicable)			
	7 Pledgor Address; City;	State; Zip Code			Chack if traval outside of Tayon Complete Cabadula			
10 Principal	occupation / Job title (See Instructions)		11 Employer (See Instru	L uction	Check if travel outside of Texas. Complete Schedule			

L	LOANS					SCHEDUL	ΕE	
1	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5			
	2 FILER NAME GMP Local Union 283 PAC Fund				3 Filer ID (Ethics Commission Filers) 00055549			
4 1	4 TOTAL OF UNITEMIZED LOANS				1	\$	0.00	
5 C	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
fi	s lender a inancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12 F	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instruction	s)			
14 [Description of Coll None	ateral		15 Check if personal funds w	ere deposite	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 F	Principal occupation	on		21 Employer (See Instruction	s)	1		