#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00081139		2 Total pages filed: 6
3 COMMITTEE NAME	=	00001123		
	- Owners Political Action Committee			OFFICE USE ONLY
				Date Received ELECTRONICALLY FILED 12/04/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRESS	9271 S John Young Pkwy			
Change of Addres	<sup>is</sup> Orlando, FL 32819			Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER NAME	Ms. Sonya			Receipt # Amount
				Date Processed
	NICKNAME LAST		SUFFIX	
	Dixon			Date Imaged
			-V. 07	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE	i); APT / SUITE #; CIT	Y; 517	ATE; ZIP CODE
STREET	9271 S John Young Pkwy			
ADDRESS (Residence or Business)				
	Orlando, FL 32819			
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CI	TY; ST	ATE; ZIP CODE
TREASURER MAILING	8505 W. Irlo Bronson Memorial Hwy			
ADDRESS				
Change of Addres	<sup>ss</sup> Kissimmee, FL 34747			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(407) 395-6729			
FHONE	(407) 393-0729			
9 REPORT TYPE	X Monthly	10th day after campaig treasurer termination	gn [	Dissolution (Attach PAC-DR)
10 MONTHLY		ril 5 🛛 July 5		October 5
REPORT FILING DEADLINE	January 5 Ap	ril 5 July 5	,	
	February 5	iy 5 🛛 🗌 Augu	st 5	November 5
	March 5 Ju	ne 5 Septe	ember 5	X December 5
11 PERIOD	Month Day Year		Month	Day Year
COVERED	10/26/2024	THROUGH	11/25/2	
	GC	TO PAGE 2		
Forms provided by Te		ethics.state.tx.us		Version V4.1.0.5dd2ace2

### 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	ers 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	\$	995.41
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	995.41
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 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the a mation required	ccompanying report is I to be reported by me
		Ms. Sor	iya Dixon	
		Signature of Car	-	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

#### SUBTOTALS - MPAC

#### FORM MPAC COVER SHEET PG 3 3 of 6

17 COMMIT Texas T	TEE NAME meshare Owners Political Action Committee	18 Filer ID 00081139	(Ethics Cor	nmission Filers)
	LE SUBTOTALS = SCHEDULE	•	SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	995.41
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 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	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
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 CONTRIBUTI	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	21.02
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

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	The	Instruction Guide explains how to com	plete this form.	1	Total pages S Sch: 1/1 Rp		9 B:	
2	FILER NAME	E		3	Filer ID	(Ethics (	Commission Filers)	
	Texas Time	share Owners Political Action Committee			00081139			
4	TOTAL OF	UNITEMIZED PLEDGES			\$			0.00
5	Date	6 Full name of pledgor Out-of-state PAC (	ID#:)	8	Amount of pledge (\$)	9 	In-kind description (If applicable)	
		7 Pledgor Address; City; State; Zip C	ode		Check if trave	I I I I I Outside	of Texas. Complete Sch	edule T.
10	Principal occ	upation / Job title (See Instructions)	11 Employer (See Instru	ictic	ons)			

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
<sup>4</sup> 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		<ul><li>10 Interest Rate</li><li>11 Maturity Date</li></ul>
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instructions)	)	
14 Description of Collateral   15 Check if personal funds were     None	re deposited	d into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code		
20 Principal occupation 21 Employer (See Instructions)	)	

### 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 Filers)     Texas Timeshare Owners Political Action Committee   00081139
Date 11/11/2024	5 Payee name Wells Fargo
Amount (\$) 21.02 Expenditure from	7 Payee Address; City; State; Zip PO Box 63020
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.)     Accounting/Banking   Bank Fees