#### 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) 00050917 3 COMMITTEE NAME **OFFICE USE ONLY** Q PAC Date Received **ELECTRONICALLY FILED** 12/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 301 Commerce St., Ste. 3200 Change of Address Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Nelson C. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Holm CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 301 Commerce St., Ste. 3200 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 301 Commerce St., Ste. 3200 MAILING **ADDRESS** Change of Address Fort Worth, TX 76102 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-5572 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **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

2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
O PAC					00050917	•
4 COMMITTEE	1. Candidates	A. Supported	Ren Charlie (	Geren State Re		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		rtep. Chame C	Scien State (C)	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		1 0				
	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.)					
.5 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     check here if this report qualifies for the higher itemization threshold				\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBU	JTIONS		\$	3,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	15,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	16,472.93	
OUTSTANDING LOAN TOTALS	I -	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT					I	
		t	I swear, or affirm, ur true and correct an under Title 15, Elec	nd includes all info	erjury, that the a	accompanying report is d to be reported by me
				Mr Nels	on C. Holm	
		-		Signature of Ca		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			ŭ	, ,	
Sworn to and subscrib	ed before me, by the said			1	this the	day
	, 20, to certify \					day
Cinnature of off	a designate via a 41-	Duinte d	of officer and other test of	wines and h	Tial 4 - 111	an administrativa
Signature of officer	auministering oath	Printed name (	of officer administe	ering oath	ittle of offic	cer administering oath

## FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 6 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Q PAC 00050917 14 COMMITTEE ACTIVITY 1. Candidates A. Supported Officer Bill Waybourn Tarrant County Sherriff (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported 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.

# SUBTOTALS - MPAC COVER SHEET PG 3 4 of 6 7 COMMITTEE NAME Q PAC 9 SCHEDULE SUBTOTALS FORM MPAC (Ethics Commission Filers) 00050917

<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Q PAC 00050917				
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 3,750.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 15,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

## NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Q PAC 00050917 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 3,750.00 11/25/2024 Renegade Swish, LLC

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt: 6/6	Q PAC 00050917					
4 Date	5 Payee name					
10/26/2024	Bill Waybourn for Sheriff Campaign					
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 151305					
Expenditure from corporate funds	Arlington, TX 76015					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	2024 Contribution					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
10/26/2024	Charlie Geren Campaign Fund					
Amount (\$)	Payee address; City; State; Zip Code					
\$10,000.00	1011 Robert's Cutoff					
Expenditure from corporate funds	River Oaks, TX 76114					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
EXI ENDITORE	Candidate/Officeholder/Political Committee					
	2024 Contribution					
Computate ONLY if divers	Condidate/Officeholder page Office and					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					