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) 00088192 3 COMMITTEE NAME **OFFICE USE ONLY** Courthouse Cafe Date Received **ELECTRONICALLY FILED** 12/18/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2177 Kennedy Circle Ste. E Change of Address McAllen, TX 78501 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Samuel NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Benson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2205 West Jackson Avenue STREET **ADDRESS** (Residence or Business) McAllen, TX 78501 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2205 West Jackson Avenue MAILING **ADDRESS** Change of Address McAllen, TX 78501 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (505) 675-5733 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 Courthouse Cafe | | | | | 13 Filer ID 00088192 | (Ethics Commission File | ers) |
| | T | T | | | | | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | The Honorable Jo | n west Cour | t Of Appeals, | Justice | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | | |
| | | | | | | | |
| | Measures (Describe by date and location | A. Supported | | | | | |
| | 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 UNITEMIZEI PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report | OR GUARANTEE MADE ELECTRON | ES OF LOANS, OR IICALLY) | | \$ | | 0.00 |
| | 2. TOTAL POLITICA | | | | \$ | | 0.00 |
| | (OTHER THAN PLE | DGES, LOANS, C | R GUARANTEES C | OF LOANS) | | | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ | | 0.00 | |
| | 4. TOTAL POLITICA | AL EXPENDITUI | RES | | \$ | | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY | | | DAY \$ | | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | THE \$ | | 0.00 | |
| .6 AFFIDAVIT | | | | | | | |
| | | true | wear, or affirm, unde e and correct and in der Title 15, Election | cludes all infori | rjury, that the a mation required | ccompanying report is to be reported by me | |
| | | | | Samue | l Benson | | |
| | | _ | S | ignature of Ca | mpaign Treasur | er | _ |
| AFFIX NOTAF | RY STAMP / SEAL ABOVE | | | | | | |
| Sworn to and subscribe | ed before me, by the said | | | . th | nis the | day | |
| | , 20, to certify \ | | | | · · · · · | | |
| | | | | | | | |
| | | | | | | | _ |
| Signature of officer | administering oath | Printed name of o | officer administering | oath | Title of offic | er administering oath | |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

| | | EE NAME se Cafe | (Ethi | cs Commission Filers) | |
|------------------|--------|--|--------------|-----------------------|-----------------|
| | HEDULI | Ι | | | |
| NAME OF SCHEDULE | | | | | 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 LABO ORGANIZATION | R | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | TION 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 (| DRGANIZATION | \$ | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 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 | DNS | \$ | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | |
| | | | | | |

| PLE | OGED CONTRIBU | TIONS | | SCHEDULE | В | | |
|---|--|----------------------|---------------------|---|-------------------------------------|--|--|
| The Instruction Guide explains how to complete this form. 2 FILER NAME Courthouse Cafe | | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5 | | | |
| | | | | 3 Filer ID (Ethics Commission Filers) 00088192 | Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL | OF UNITEMIZED PLEDO | GES | | \$ | 0.00 | | |
| 5 Date | 6 Full name of pledgor 7 Pledgor Address; | out-of-state PAC (ID | | 8 Amount of pledge (\$) 9 In-kind description (If applicable) | | | |
| | | | T., | Check if travel outside of Texas. Complete So | chedule T | | |
| 10 Principal | occupation / Job title (See Instru | ictions) | 11 Employer (See In | structions) | | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS | | | | | SCHE | DULE E |
|------|--|-----------------------------------|-----------------|------------------------------|-----------------------------------|---|-------------|
| | The Instruction Guide explains how to complete this form | | | | oages Schedule E: L/1 Rpt: 5/5 | | |
| | FILER NAME Courthouse Cafe 3 Filer ID 000881 | | | C (Ethics Commiss 3192 | ion Filers) | | |
| 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 | (\$) |
| 1 | Is lender a financial institution? | 8 Lender address; Ci | ty; State; | Zip Code | | 10 Interest Rate | |
| | | | | | | 11 Maturity Date | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Instruction | ıs) | • | |
| 14 [| Description of Coll None | ateral | | 15 Check if personal funds w | ere deposit | ed into political accor (See Instruction | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guara | anteed (\$) |
| | not applicable | 18 Guarantor address; Ci | ty; State; | Zip Code | | | |
| | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Instruction | ıs) | 1 | |
| | | | | | | | |