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) 00063036 3 COMMITTEE NAME **OFFICE USE ONLY** Responsible Government PAC Date Received **ELECTRONICALLY FILED** 12/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5005 Riverway, Ste. 500 Change of Address Houston, TX 77056 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Terry L. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Henderson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 5005 Riverway, Ste. 500 STREET **ADDRESS** (Residence or Business) Houston, TX 77056 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 5005 Riverway, Ste. 500 MAILING **ADDRESS** Change of Address Houston, TX 77056 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 351-4924 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)				
Responsible Govern	ment PAC		00063036	j 		
4 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2 Magguras	A. Supported				
	Measures (Describe by date and location	A. Supported				
	of election and nature of issue.)					
		B. Opposed				
	3. Officeholders	Grady Prestage County Comm	nissioner			
	Assisted (Identify by name or, if applicable, classify by party.)	Grady Frestage County Contin	1133101101			
L5 CONTRIBUTION	1 TOTAL LINITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN				
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA					
	(OTHER THAN PLE	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
L6 AFFIDAVIT						
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me		
		Mr. Terry I	. Henderson			
		Signature of Car				
		Signature of Gar	iipaigii iicas	uici		
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ped before me, by the said	, th	nis 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 of off	icer administering oath		
- 3	· · · · · · · · · · · · · · · · ·		0. 011	3.5 300		

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

			3 of 4
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Responsi	ble Government PAC	00063036	
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$	
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.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 2,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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 Salaring Magas/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	nmittee L	Gift/Awards/Memorials egal Services The Instruction Gu			es/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAME					3 Filer ID	(Ethics Commission Filers)
-	Sch: 1/1 Rpt: 4/4	ı		Government P	AC			00063036	(=====,
┰	Date	5	Payee name					<u> </u>	
ľ	12/12/2024		Prestage, Gr	adv					
Ļ					04-4	7:- 01-			
ľ	Amount (\$)	ı	Payee address		State;	Zip Code			
l	\$2,500.00		P. O. Box 83	5					
<u> </u> _	T Expenditure from								
ᆫ	corporate funds		Missouri City	, TX 77459					
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sche	edule) (b) Description		
	OF EXPENDITURE			s/Donations Ma				outside of Texas. Com	
l			Candidate/Of	fficeholder/Poli	ical Comm	ittee	Campaign Co	n, TX, officeholder living	expense
l							Campaign	ontribution	
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Н	andidate/Office	eholder name	С	Office sough	t	Office he	eld
l									
l									
l									