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

#### FORM MPAC COVER SHEET PG 1

тн	ne MPAC Instruction (	2 Total pages filed: 5					
-	COMMITTEE NAME						
ľ	Montgomery Count	OFFICE USE ONLY					
	Monigomery Count	Date Received					
					ELECTRONICALLY FILED		
					12/30/2024		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; ST	ATE; ZIP			
		PO Box 8793					
	Change of Address	The Woodlands, TX 77386			Date Hand-delivered or Date Postmarked		
5	CAMPAIGN	MS / MRS / MR FIRST		MI			
	TREASURER NAME	Mr. Damon V	N.		Receipt # Amount		
		NICKNAME LAST		SUF	Date Processed		
		Hall		001	Date Imaged		
		- Tell					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SL	JITE #; CITY;	STATE; ZIP CODE		
	TREASURER STREET	PO BOX 8793					
	ADDRESS						
	(Residence or Business)	The Woodlands, TX 77387					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SI	JITE #; CITY;	STATE; ZIP CODE		
	TREASURER MAILING	PO BOX 8793					
	ADDRESS						
	Change of Address	The Woodlands, TX 77387					
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION							
	PHONE	(832) 458-6341					
<u> </u>	REPORT TYPE						
ľ		X Monthly		y after campaign er termination	Dissolution (Attach PAC-DR)		
10	MONTHLY						
-"	REPORT FILING	X January 5 Apri	15	July 5	October 5		
	DEADLINE	February 5 May	5	August 5	November 5		
		March 5 Jun	- F	September 5	December 5		
			- 5		December 5		
11	. PERIOD COVERED	Month Day Year	THROUGH	Mor			
	OOVERED	11/26/2024		12/2	25/2024		
	GO TO PAGE 2						
Fo	orms provided by Texas Ethics Commission www.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)
Montgomery County La	00055658			
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	<ul> <li>POLITICAL CONTRIBUTIONS (OTHER THAN</li> <li>OR GUARANTEES OF LOANS, OR</li> <li>ADE ELECTRONICALLY)</li> <li>qualifies for the higher itemization threshold</li> </ul>	\$	205.59
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	205.59
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 \$	16,090.88
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 infor under Title 15, Election Code.	rjury, that the a nation required	accompanying report is I to be reported by me
		Mr. Dam	on W. Hall	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	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

17 COMMITT Montgom	(Ethics C	ommission Filers)				
19 SCHEDUL NAME OF	SUB	TOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	205.59			
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	R	\$			
8.	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 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 TO FILER	RETURNED	\$			

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5					
2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Montgomery County Law Enforcement Association				00055658				
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 Code			Check if trave	I I I I el outside	of Texas. Complete Sch	iedule T.
<b>10</b> Principal occupation / Job title (See Instructions)			11 Employer (See Instru	ctic	ons)				

LOANS		SCHEDULI	≞ E		
The Instruction Guide explains how to complete this form.	ges Schedule E: L Rpt: 5/5				
2 FILER NAME Montgomery County Law Enforcement Association	<ul><li>3 Filer ID</li><li>000556</li></ul>	(Ethics Commission Fi 658	lers)		
<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 8 Lender address; City; State; Zip Code financial institution?		10 Interest Rate			
		<b>11</b> Maturity Date			
<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       Image: Check if personal funds were	onal funds were deposited into political account (See Instructions)				
16 GUARANTOR     17 Name of guarantor       INFORMATION     INFORMATION		19 Amount Guaranteed	1 (\$)		
not applicable <b>18</b> Guarantor address; City; State; Zip Code					
20 Principal occupation     21 Employer (See Instructions)	1				