GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	Filer ID (Ethics Commission Filers) 00087535		2 Total pages filed:9			
3	COMMITTEE NAME					OFFICE USE ONLY		
	Texas Gin PAC					Date Received		
						ELECTRONICALLY FILED		
						01/02/2025		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY·	STATE; ZIP CODE				
ľ	ADDRESS	211 W. Bagdad Avenue	••,					
	_					Date Hand-delivered or Date Postmarked		
	Change of Address	Round Rock, TX 78664				Receipt # Amount		
						Receipt# Anount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST				MI		
	TREASURER NAME	Mr. James K.						
		NICKNAME LAST				SUFFIX		
		Green						
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CIT	Y;	STATE; ZIP CODE		
	STREET	211 W. Bagdad Avenue						
	ADDRESS							
	(Residence or Business)	Round Rock, TX 78664						
7		STREET OR PO BOX;		APT / SUITE #; CI	TY;	STATE; ZIP CODE		
	TREASURER MAILING	211 W. Bagdad Avenue						
	ADDRESS							
	Change of Address	Round Rock, TX 78664						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	FENSION				
	TREASURER	(512) 615-1102						
	PHONE							
9	REPORT	X January 15 3	Oth d	lay before election		Dissolution (Attach PAC-DR)		
	TYPE			-				
		J July 15	in ua	ay before election		10th day after campaign treasurer termination		
			uno	ff				
10	PERIOD	Month Day Year		Month Day	y	Year		
	COVERED	07/01/2024 T	HR	DUGH 12/31/20	024	l .		
11	ELECTION	ELECTION DATE		ELECTION TYPE				
			Prim	ary Runoff		Other		
		12/31/2024	Gen	eral Special				
	GO TO PAGE 2							
Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Version V4.1.0.5dd2ace		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Gin PAC			0008753	35
	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
	of election and hature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
		ADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA		\$	0.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		
TOTALS			\$	0.00
	4. TOTAL POLITICA			
			\$	5,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY S	49,157.91
				,
		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	THE S	0.00
LOAN TOTALS	LAST DAY OF THE P	REPORTING PERIOD	l [¢]	0.00
16 AFFIDAVIT	I			
		I swear, or affirm, under penalty of pe		
		true and correct and includes all inform under Title 15, Election Code.	mation requi	red to be reported by me
			s K. Green	
		Signature of Car	mpaign Trea	asurer
	STAMP / SEAL ABOVE			
	STAIVIE / SEAL ABUVE			
Sworn to and subscribed	hefore me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		uuy
01	_, 20, to certify t	when, whees my hand and sear of office.		
Signature of officer and	ministoring ooth	Drinted name of officer administering acth	Title of a	officer administering cath
Signature of officer ad	mmstering oath	Printed name of officer administering oath	The of 0	officer administering oath
Formo provided by Toyse - 5	thiss Commission	www.othioo.ototo.to		Varaian V/4 1 0 Edd00
Forms provided by Texas E		www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - GPAC	C	FORM GPAC OVER SHEET PG 3 3 of 9			
17 COMMITTEE NAME Texas Gin PAC	18 Filer ID 00087535	(Ethics Commission Filers)			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$			
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$			
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	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	\$ 5,500.00			
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$			
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3.00			

LOANS				SCHEDU	LE E
The Instruction Guide explains	how to complete this	form.		ages Schedule E: /1 Rpt: 4/9	
2 FILER NAME Texas Gin PAC	(Ethics Commission 535	Filers)			
⁴ TOTAL OF UNITEMIZED LOANS	, ,			\$	0.00
5 Date of loan 7 Name of lender	out-of-state P/	AC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address;	City; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal occupation / Job title (See Instru	ctions)	13 Employer (See Instruction	s)		
14 Description of Collateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions	
16 GUARANTOR I7 Name of guarantor INFORMATION		•		19 Amount Guarante	eed (\$)
not applicable 18 Guarantor address	; City; State;	Zip Code			
20 Principal occupation		21 Employer (See Instruction	s)	1	
		1			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rep Office Ove Polling Ex ense Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1 Total pages Schedule F1:	2 FILER NAM	Ξ			3	Filer ID	(Ethics Commission Filers)		
Sch: 1/3 Rpt: 5/9	Texas Gin				-	00087535	· · · · · ·		
4 Date	5 Payee name	1							
09/06/2024	Carl Teppe	r Campaign							
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de					
\$500.00	\$500.00 P.O. Box 94534								
Expenditure from corporate funds	Lubbock, T	X 79493							
8 PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b) Description					
OF EXPENDITURE		mpaign Contributio		Check if travel	outsic	de of Texas. Comp	blete Schedule T.		
EXFENDITORE				Check if Austin	ı, TX,	officeholder living	expense		
				Campaign Co	ontri	ibution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office he	ld		
Date	Payee name								
09/06/2024	Kevin Spar	ks for Texas State S	Senate						
Amount (\$)	Payee addre	ess; City;	State; Zip Co	do					
		-	State, Zip Ct	ue					
\$500.00	2600 Mock	ingbira Ln							
Expenditure from corporate funds	Midland, T	K 79705							
PURPOSE OF EXPENDITURE		ee Categories listed at the to Impaign Contributio			n, TX,	de of Texas. Comp officeholder living ibution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office he	ld		
Date	Pavoo nomo								
09/06/2024	Payee name								
		khorst Campaign							
Amount (\$)	Payee addre		State; Zip Co	de					
\$500.00	P.O. Box 2	546							
Expenditure from corporate funds	Brenham, 1	TX 77834							
PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b) Description					
OF EXPENDITURE		mpaign Contributio				de of Texas. Comp			
						officeholder living	expense		
				Campaign Co	ontri	ibution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office he	ld		

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 6/9	Texas Gin PAC 00087535
4 Date	5 Payee name
09/06/2024	Mary Gonzalez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	General Campaign Contribution Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Texans for Charles Schwertner
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	General Campaign Contributions
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 685085
Expenditure from corporate funds	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	General Campaign Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campagn Controlation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL	SCHEDULE F1								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Odfice Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
Credit Card Payment 1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/9	The Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers) 00087535								
4 Date 5 Payee name 09/06/2024 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code										
\$1,000.00 Expenditure from corporate funds 8 PURPOSE	P.O. Box 308 Austin, TX 78767									
OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Contribution								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.1Total pagSch: 1/2							
2	FILER NAME	D (Ethics Commission F	ilers)					
	Texas Gin P	AC			00087	7535		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	07/31/2024		Chase Bank				\$0.40	
		6	Address of person from whom amount is received; City; State; Zip Code			1		
			Columbus 01 12210 2051					
		Ļ	Columbus, OH 43218-2051					
		ľ	Purpose for which amount is received Check if p Interest on Account Balance	oliti	cal cont	ribution returned to filer		
⊨						L		
	Date		Name of person from whom amount is received			Amount (\$)	#0.00	
	08/31/2024	 	Chase Bank				\$0.36	
			Address of person from whom amount is received; City; State; Zip Code					
			Columbus, OH 43218-2051					
		⊢		oliti	cal cont	I ribution returned to filer		
			Interest on Account Balance					
⊨	Date		Name of person from whom amount is received			Amount (\$)		
	09/30/2024		Chase Bank			y unoune (¢)	\$0.38	
		·····	Address of person from whom amount is received; City; State; Zip Code			•		
			·····					
			Columbus, OH 43218-2051					
			<u> </u>	oliti	cal cont	ribution returned to filer		
			Interest on Account Balance					
	Date		Name of person from whom amount is received			Amount (\$)		
	10/30/2024		Chase Bank				\$0.38	
			Address of person from whom amount is received; City; State; Zip Code					
			Columbus, OH 43218-2051					
		⊢		oliti	cal cont	l ribution returned to filer		
			Interest on Account Balance	Jointi	cai com			
⊨	Data		Name of person from whom amount is received			Amount (ft)		
	Date 11/30/2024		Name of person from whom amount is received Chase Bank			Amount (\$)	\$0.70	
	Address of person from whom amount is received; City; State; Zip Code						Φ0.70	
			Columbus, OH 43218-2051					
		F	Purpose for which amount is received Check if p	oliti	cal cont	ribution returned to filer		
	Interest on Account Balance							
Í								

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The instruction (Suide explains how to complete this form					ages Schedule K: /2 Rpt: 9/9
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Gin P	AC			00087	535
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	12/31/2024		Chase Bank			\$0.78
		6	Address of person from whom amount is received; City; State; Zip Code			
			Columbus OH 42219 2051			
		7	Columbus, OH 43218-2051 Purpose for which amount is received Chec		1	ile stime and some of the file s
		ľ	Interest on Account Balance	ск іт ронці	cal contr	ibution returned to filer
⊢						