

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Democrats of La Porte	13 Filer ID (Ethics Commission Filers) 00088903
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 205.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,126.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Michael Maglitto

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 6

17 COMMITTEE NAME Democrats of La Porte		18 Filer ID 00088903	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	205.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	12.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	75.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Democrats of La Porte		3 Filer ID (Ethics Commission Filers) 00088903
4 Date 11/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alban, Sheila <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$105.00
8 Principal occupation / Job title (See Instructions) retired bookkeeper		9 Employer (See Instructions) retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobberstein, Rhett (Mr.) <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sendejo, Martha (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 5/6	
2 FILER NAME Democrats of La Porte		3 Filer ID (Ethics Commission Filers) 00088903	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 12/25/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Kathleen (Ms.)	8 Amount of pledge (\$) \$12.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code La Porte, TX 77571		
10 Principal occupation / Job title (See Instructions) administrative assistant		11 Employer (See Instructions) retired	

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAME Democrats of La Porte	3 Filer ID (Ethics Commission Filers) 00088903	
4 Date 12/09/2024	5 Payee name La Porte Parks & Recreation		
6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 604 W. Fairmont Pkwy. La Porte, TX 77571		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental of meeting space	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held