FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066982 3 COMMITTEE NAME **OFFICE USE ONLY** Dems Cafe Date Received **ELECTRONICALLY FILED** 01/03/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1129 Mossy Ln Date Hand-delivered or Date Postmarked Change of Address SCHERTZ, TX 78154 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Duane NAME NICKNAME LAST **SUFFIX** McCune STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1129 Mossy Ln STREET **ADDRESS** (Residence or Business) Schertz, TX 78154 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5501 LEGACY OAKS PKWY MAILING **ADDRESS APT 724** SCHERTZ, TX 78154 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 849-0299 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2026 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) | |
|---|--|--|-----------------|----------------------------|--|
| Dems Cafe | | | | | |
| 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 | | | |
| | 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 | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 | |
| EXPENDITURE TOTALS | | | \$ | 0.00 | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF THE REPORTING PERIOD | | DAY \$ | 25.00 | |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 | |
| 16 AFFIDAVIT | • | | <u> </u> | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | | |
| | Mr. Duane McCune | | | | |
| | Signature of Campaign Treasurer | | | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | before me, by the said | , tl | his the | day | |
| | | which, witness my hand and seal of office. | | | |
| | | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of office | r administering oath | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 5

| | | | | 0 01 0 |
|-------|--|---|------|-------------------|
| | COMMITTEE NAME Dems Cafe 18 Filer ID 00066982 | | | ommission Filers) |
| | | 00000962 | | |
| | JLE SUBTOTALS F SCHEDULE | | SUE | BTOTAL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | |
| 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 | \$ | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | \$ | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | \$ | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 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 CONTRIBUTIONS | S | \$ | 0.00 |
| 11. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | | 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 I TO FILER | RETURNED | \$ | |
| | | | | |

| PLE | DGED CONTRIBU | TIONS | | SCHEDULE | В |
|---|------------------------------------|----------------------|--|---|---------|
| The Instruction Guide explains how to complete this form. 2 FILER NAME Dems Cafe | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5 | | |
| | | | 3 Filer ID (Ethics Commission Filers) 00066982 | Filer ID (Ethics Commission Filers) | |
| 4 TOTAL | OF UNITEMIZED PLED | GES | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor | Out-of-state PAC (ID | | 8 Amount of pledge (\$) 9 In-kind description (If applicable) | |
| | | | T., | Check if travel outside of Texas. Complete Sche | edule T |
| 10 Principal | occupation / Job title (See Instru | uctions) | 11 Employer (See In | structions) | |
| | | | | | |
| | | | | | |

| LOANS | | | SCHEDULE | E |
|--|-------------------------------|--|--|------|
| The Instruction Guide explains how to complete this | form. | 1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5 | | |
| 2 FILER NAME Dems Cafe | | 3 Filer ID (Ethics Commission Filers) 00066982 | | |
| 4 TOTAL OF UNITEMIZED LOANS | | | \$ | 0.00 |
| 5 Date of loan 7 Name of lender out-of-state PA | 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 Instructions) | 13 Employer (See Instructions |) | | |
| 14 Description of Collateral None | 15 Check if personal funds we | re deposited | l into political account (See Instructions) | |
| 16 GUARANTOR INFORMATION 17 Name of guarantor | <u> </u> | | 19 Amount Guaranteed | (\$) |
| not applicable 18 Guarantor address; City; State; | Zip Code | | | |
| | | | | |
| 20 Principal occupation | 21 Employer (See Instructions |) | | |
| | | | | |