#### 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) 00068343 3 COMMITTEE NAME **OFFICE USE ONLY** Harris County Republicans Date Received **ELECTRONICALLY FILED** 01/07/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5014 Libbey Ln Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Benjamin D. NAME NICKNAME LAST **SUFFIX** McPhaul STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5014 Libbey Ln STREET **ADDRESS** (Residence or Business) Houston, TX 77092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1729 Althea Dr. MAILING **ADDRESS** Houston, TX 77018 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 415-7293 **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 χ Primary Runoff Other 03/03/2026 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) |  |
|---|--|---|-----------------|----------------------------|--|
| Harris County Republic  | 00068343   |   |                 |                            |  |
| 14 COMMITTEE<br>ACTIVITY  | 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  |                 |                            |  |
|   |  | . Б. Бересский польта и польт |                 |                            |  |
|   | Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)    |   |                 |                            |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report                                  | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold  | \$              | 0.00                       |  |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE   | IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 0.00                       |  |
| EXPENDITURE<br>TOTALS   |  |   |                 | 0.00                       |  |
|   | 4. TOTAL POLITICA  | L EXPENDITURES  | \$              | 0.00                       |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD     |   |                 | 0.00                       |  |
| OUTSTANDING<br>LOAN TOTALS  | 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 per<br>true and correct and includes all inforr<br>under Title 15, Election Code.  |                 |                            |  |
| Mr. Benjamin D. McPhaul   |  |   |                 |                            |  |
|   | mpaign Treasure  | er  |                 |                            |  |
| AFFIX NOTARY  | / STAMP / SEAL ABOVE   |   |                 |                            |  |
|   |  | , th  | nis the         | day                        |  |
| of  | _, 20, to certify  | which, witness my hand and seal of office.  |                 |                            |  |
| Signature of officer ac   | dministering oath  | Printed name of officer administering oath  | Title of office | er administering oath      |  |
| organical or officer at   | similationing oddi   |   | THIC OF OTHICE  | . administering batti      |  |

#### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 3 of 5

|   |   |  |              |    | 3 of 5   |  |  |
|---|---|--|--------------|----|----------|--|--|
| <b>17</b> CO                            | MMITT   | (Ethics Commission Filers)   |              |    |          |  |  |
| На                                      | rris Co   |  |              |    |          |  |  |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE |   |  |              |    | _ AMOUNT |  |  |
| 1.                                      | X   | \$   | 0.00         |    |          |  |  |
| 2.                                      | X   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |              | \$ | 0.00     |  |  |
| 3.                                      | 3. X SCHEDULE B: PLEDGED CONTRIBUTIONS  |  |              | \$ | 0.00     |  |  |
| 4.                                      | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION |  |              |    | \$       |  |  |
| 5.                                      |   | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR     | \$ |          |  |  |
| 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.                                      | 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.                                     | Х   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                   | ONS          | \$ | 0.00     |  |  |
| 13.                                     | Х   | 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     | \$ |          |  |  |
|   |   |  |              | •  |          |  |  |

| PLE  | DGED CONTRIBU                         | TIONS                |                     |          | SCHEDUL  | E B        |  |  |
|--|---------------------------------------|----------------------|---------------------|----------|--|------------|--|--|
| The Instruction Guide explains how to complete this form.  2 FILER NAME  Llowin County Deput license |                                       |                      |                     | 1        | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5 |            |  |  |
|  |                                       |                      |                     | 3        | Filer ID (Ethics Commission Filers)            |            |  |  |
| <u></u>  | ounty Republicans  OF UNITEMIZED PLED | CES                  |                     | +        | \$   | 0.00       |  |  |
| 5 Date   | 6 Full name of pledgor                |                      | NII.                | ) 8      | Amount of 9 In-kind description                |            |  |  |
| <b>5</b> Dale  | • Full flame of pleugor               | out-of-state PAC (IE | )#:                 | _)  °    | pledge (\$) [ (If applicable)                  | JII        |  |  |
|  | 7 Pledgor Address;                    | City; State; Zip Co  | de                  |          | <br>   |            |  |  |
|  |                                       |                      |                     |          | Check if travel outside of Texas. Complete     | Schedule T |  |  |
| 10 Principal   | occupation / Job title (See Instru    | uctions)             | 11 Employer (See In | structio | ons)   |            |  |  |
|  |                                       |                      |                     |          |  |            |  |  |
|  |                                       |                      |                     |          |  |            |  |  |

|    | LOANS  |                                   |                 |                            |  | SCHED  | ULE E     |
|----|--|-----------------------------------|-----------------|----------------------------|--|--|-----------|
|    | The Instruction Guide explains how to complete this form |                                   |                 |                            | ages Schedule E:<br>/1 Rpt: 5/5                |  |           |
|    | 2 FILER NAME  Harris County Republicans                  |                                   |                 |                            | 3 Filer ID (Ethics Commission Filers) 00068343 |  |           |
| 4  | TOTAL OF UN  | IITEMIZED LOANS                   |                 |                            | <b>.</b>                                       | \$   | 0.00      |
| 5  | Date of loan   | 7 Name of lender                  | out-of-state PA | C (ID#:                    |  | 9 Loan Amount (\$                            | 5)        |
|    | Is lender a financial institution?                       | 8 Lender address; City            | ; State;        | Zip Code                   |  | 10 Interest Rate                             |           |
|    |  |                                   |                 |                            |  | 11 Maturity Date                             |           |
| 12 | Principal occupation                                     | on / Job title (See Instructions) |                 | 13 Employer (See Instructi | ons)   | •  |           |
| 14 | Description of Coll  None                                | ateral                            |                 | 15 Check if personal funds | were deposite                                  | ed into political accour<br>(See Instruction |           |
|    | GUARANTOR<br>INFORMATION                                 | 17 Name of guarantor              |                 |                            |  | 19 Amount Guaran                             | teed (\$) |
|    | not applicable   | <b>18</b> Guarantor address; City | ; State;        | Zip Code                   |  |  |           |
|    |  |                                   |                 |                            |  |  |           |
| 20 | Principal occupation                                     | on                                |                 | 21 Employer (See Instructi | ons)   |  |           |
|    |  |                                   |                 |                            |  |  |           |