

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Live Oak County Democrats	13 Filer ID (Ethics Commission Filers) 00085198
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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
		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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	90.00
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.

Lisa M. Torres
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

17 COMMITTEE NAME Live Oak County Democrats		18 Filer ID (Ethics Commission Filers) 00085198
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 90.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/3 Rpt: 4/6	
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 07/13/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	
5 Date 08/13/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	
5 Date 09/13/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	
5 Date 10/14/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 2/3 Rpt: 5/6	
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 11/13/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	
5 Date 12/13/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	8 Amount of pledge (\$) \$10.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Laredo, TX 78045		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions) TDP	
5 Date 07/16/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa (Mrs.)	8 Amount of pledge (\$) \$5.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Three Rivers, TX 78071		
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
5 Date 08/16/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa (Mrs.)	8 Amount of pledge (\$) \$5.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code Three Rivers, TX 78071		
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 3/3 Rpt: 6/6	
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 09/16/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa (Mrs.) 7 Pledgor Address; City; State; Zip Code Three Rivers, TX 78071	8 Amount of pledge (\$) \$5.00	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
5 Date 10/16/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa (Mrs.) 7 Pledgor Address; City; State; Zip Code Three Rivers, TX 78071	8 Amount of pledge (\$) \$5.00	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
5 Date 11/16/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa (Mrs.) 7 Pledgor Address; City; State; Zip Code Three Rivers, TX 78071	8 Amount of pledge (\$) \$5.00	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	