#### 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) 00070317 3 COMMITTEE NAME **OFFICE USE ONLY Texans For Traditional Marriage** Date Received **ELECTRONICALLY FILED** 01/10/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12113 Coyote Call Way Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78725 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Todd M. NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12113 Coyote Call Way STREET **ADDRESS** (Residence or Business) Austin, TX 78725 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2204 Hazeltine Ln. MAILING **ADDRESS** Austin, TX 78747 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-9699 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 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

| L2 COMMITTEE NAME   |  |  | 13 Filer          | · ID       | (Ethics Commission File | ers) |
|---|--|--|-------------------|------------|-------------------------|------|
| Texans For Traditional  | Marriage   |  | 0007              | 70317      |                         |      |
| L4 COMMITTEE<br>ACTIVITY  | Candidates  (Identify by name or, if applicable, classify by party.)                       | A. Supported   | <b>I</b>          |            |                         |      |
| (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.)         |  |                   |            |                         |      |
| .5 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS N   | POLITICAL CONTRIBUTIONS (OTHER THOS GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | HAN               | \$         |                         | 0.00 |
|   |  | <b>L CONTRIBUTIONS</b><br>DGES, LOANS, OR GUARANTEES OF LOA  | ANS)              | \$         |                         | 0.00 |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |  |                   | \$         |                         | 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 |
| 6 AFFIDAVIT   |  |  |                   |            |                         |      |
|   |  | I swear, or affirm, under penal-<br>true and correct and includes a<br>under Title 15, Election Code.                          | all information r |            |                         |      |
|   |  | Mı   | r. Todd M. Sm     | nith       |                         |      |
|   |  |  | e of Campaign     |            | ſ                       | -    |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |  |                   |            |                         |      |
|   |  |  | , this the _      |            | day                     |      |
| of  | _, 20, to certify \  | which, witness my hand and seal of office.   |                   |            |                         |      |
|   |  |  |                   |            |                         |      |
| Signature of officer ad   | ministering oath   | Printed name of officer administering oath   | Title             | of officer | administering oath      | -    |

#### **SUBTOTALS - GPAC**

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

|   |  |                    |            | 3 of 5 |
|---|--|--------------------|------------|--------|
| <b>17</b> COMM                          | ITTEE NAME   | (Ethics Commission | on Filers) |        |
| Texar                                   | s For Traditional Marriage   |                    |            |        |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE |  |                    | SUBTOTAL A | AMOUNT |
| 1.                                      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |                    | \$         | 0.00   |
| 2.                                      | 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<br>ORGANIZATION     | OR                 | \$         |        |
| 5.                                      | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION | ATION OR           | \$         |        |
| 6.                                      | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC                      | SANIZATION         | \$         |        |
| 7.                                      | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION         | ?                  | \$         |        |
| 8.                                      | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR                      | ORGANIZATION       | \$         |        |
| 9.                                      | SCHEDULE E: LOANS  |                    | \$         | 0.00   |
| 10.                                     | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                  | IS                 | \$         | 0.00   |
| 11.                                     | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                    | \$         | 0.00   |
| 12.                                     | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | IONS               | \$         | 0.00   |
| 13.                                     | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                    |                    | \$         | 0.00   |
| 14.                                     | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI                 | ONS                | \$         |        |
| 15.                                     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED           | \$         |        |
|   |  |                    | •          |        |

| PLEI  | DGED CONTRIBU                      | TIONS                |                     |  | SCHEDULE                                       | В        |
|---|------------------------------------|----------------------|---------------------|--|--|----------|
| The Instruction Guide explains how to complete this form. |                                    |                      | 1                   | Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5 |  |          |
| 2 FILER N   | 2 FILER NAME                       |                      |                     | 3  |  |          |
| Texans  | For Traditional Marriage           |                      |                     |  | 00070317                                       |          |
| 4 TOTAL   | OF UNITEMIZED PLEDO                | SES                  |                     |  | \$   | 0.00     |
| <b>5</b> Date   | 6 Full name of pledgor             | out-of-state PAC (ID | #:                  | _) 8   |  |          |
|   | 7 Pledgor Address;                 | City; State; Zip Coc | le                  |  | pledge (\$) (If applicable)                    |          |
|   |                                    |                      |                     |  | Check if travel outside of Texas. Complete Sch | nedule T |
| 10 Principal  | occupation / Job title (See Instru | ictions)             | 11 Employer (See In | structi                                      | ions)  |          |
|   |                                    |                      |                     |  |  |          |
|   |                                    |                      |                     |  |  |          |

| LOANS   |                              |   | SCHEDULE                                       | E    |  |  |
|---|------------------------------|---|--|------|--|--|
| The Instruction Guide explains how to complete this form.         |                              |   | 1 Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5 |      |  |  |
| FILER NAME     Texans For Traditional Marriage                    |                              | 3 Filer ID (Ethics Commission Filers) 00070317                                      |  |      |  |  |
| 4 TOTAL OF UNITEMIZED LOANS                                       |                              |   | \$   | 0.00 |  |  |
| 5 Date of loan 7 Name of lender out-of-sta                        | ite PAC (ID#:                | )   | 9 Loan Amount (\$)                             |      |  |  |
| 6 Is lender a financial institution?  8 Lender address; City; Sta | te; Zip Code                 |   | 10 Interest Rate                               |      |  |  |
|   |                              |   | 11 Maturity Date                               |      |  |  |
| 12 Principal occupation / Job title (See Instructions)            | 13 Employer (See Instructio  | ns)   | •  |      |  |  |
| 14 Description of Collateral None                                 | 15 Check if personal funds v | 15 Check if personal funds were deposited into political account (See Instructions) |  |      |  |  |
| 16 GUARANTOR INFORMATION 17 Name of guarantor                     |                              |   | 19 Amount Guaranteed                           | (\$) |  |  |
| not applicable 18 Guarantor address; City; Sta                    |                              |   |  |      |  |  |
|   |                              |   |  |      |  |  |
| 20 Principal occupation   | 21 Employer (See Instructio  | ns)   |  |      |  |  |
|   |                              |   |  |      |  |  |