#### 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) 00084021 3 COMMITTEE NAME **OFFICE USE ONLY** Real Texans PAC Date Received **ELECTRONICALLY FILED** 01/10/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 19 Jackson Ct. Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78230 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Francisco "Quico" NAME NICKNAME LAST **SUFFIX** Canseco STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 19 Jackson Ct. STREET **ADDRESS** (Residence or Business) San Antonio, TX 78230 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 19 Jackson Ct. MAILING **ADDRESS** San Antonio, TX 78230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 901-4279 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

| 12 COMMITTEE NAME   |   |  | 13 Filer ID     | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| Real Texans PAC   |   |  | 00084021        |                            |
| 14 COMMITTEE  | 1. Candidates   | A. Supported   |                 |                            |
| ACTIVITY  | (Identify by name or, if applicable, classify by party.)          |  |                 |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                 |                            |
|   | 2. Measures   | A. Supported   |                 |                            |
|   | (Describe by date and location of election and nature of issue.)  | 7. Supported   |                 |                            |
|   |   | B. Opposed   |                 |                            |
|   | 3. Officeholders  |  |                 |                            |
|   | Assisted (Identify by name or, if applicable, classify by party.) |  |                 |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS M                                | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 0.00                       |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE                              | L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 0.00                       |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZE  | D POLITICAL EXPENDITURES   | \$              | 0.00                       |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$              | 0.00                       |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL ( OF THE REPORTIN                              | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD   | DAY \$          | 0.00                       |
| OUTSTANDING<br>LOAN TOTALS  |   | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$          | 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. Francisco "  | Ouico" Cansed   | 20                         |
|   |   | Signature of Car   |                 |                            |
| AFFIX NOTAR   | Y STAMP / SEAL ABOVE  |  | pa.g.           |                            |
| Sworn to and subscribe  | ed before me, by the said   | , th   | nis the         | day                        |
| of  | , 20, to certify  | which, witness my hand and seal of office.   |                 |                            |
|   |   |  |                 |                            |
|   |   |  |                 |                            |
| Signature of officer a  | dministering oath   | Printed name of officer administering oath   | Title of office | r administering oath       |

#### **SUBTOTALS - GPAC**

# FORM **GPAC** COVER SHEET PG 3

|  |   | 3 of 5                     |  |  |  |  |
|--|---|----------------------------|--|--|--|--|
| 17 COMMITTEE NAME  | 18 Filer ID                                   | (Ethics Commission Filers) |  |  |  |  |
| Real Texans PAC  | 00084021                                      |                            |  |  |  |  |
| NAME OF SCHEDULE   | SUBTOTAL AMOUNT                               |                            |  |  |  |  |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS |                            |  |  |  |  |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$ 0.0  |                            |  |  |  |  |
| 3. X SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.0  |                            |  |  |  |  |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LORGANIZATION         | \$  |                            |  |  |  |  |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFLABOR ORGANIZATION | \$  |                            |  |  |  |  |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR (                     | \$  |                            |  |  |  |  |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA ORGANIZATION         | \$  |                            |  |  |  |  |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB                     | \$  |                            |  |  |  |  |
| 9. X SCHEDULE E: LOANS   | \$ 0.0  |                            |  |  |  |  |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT               | \$ 0.0  |                            |  |  |  |  |
| 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                   | \$ 0.0  |                            |  |  |  |  |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIE                | \$ 0.0  |                            |  |  |  |  |
| 13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                              | \$ 0.0  |                            |  |  |  |  |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIE                | BUTIONS                                       | \$                         |  |  |  |  |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER     | ONS RETURNED                                  | \$                         |  |  |  |  |

| PLE   | OGED CONTRIBU                              | TIONS                 |                      |  | SCHEDULE B  |  |  |
|---|--|-----------------------|----------------------|--|---|--|--|
| The Instruction Guide explains how to complete this form. |  |                       |                      | 1  | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5    |  |  |
| 2 FILER NAME Real Texans PAC                              |  |                       | 3                    | Filer ID (Ethics Commission Filers) 00084021 |   |  |  |
| 4   | OF UNITEMIZED PLEDO                        | SES                   |                      |  | \$ 0.   |  |  |
| <b>5</b> Date   | 6 Full name of pledgor  7 Pledgor Address; | out-of-state PAC (ID# |                      | _) 8   | Amount of pledge (\$)                             |  |  |
| 10 Principal  | occupation / Job title (See Instru         | actions)              | 11 Employer (See Ins | structi                                      | Check if travel outside of Texas. Complete Schedu |  |  |
| 10 i illicipai  | occupation / oob title (occ motie          | out 13)               | 22 Employer (See Ins | Sirucii                                      | ions)   |  |  |
|   |  |                       |                      |  |   |  |  |
|   |  |                       |                      |  |   |  |  |

|    | LOANS                              |                                   |                    |                         |  | SCHEDULE E                                     |  |
|----|------------------------------------|-----------------------------------|--------------------|-------------------------|--|--|--|
|    | The Instruction                    | on Guide explains how             | to complete this f | orm.                    |  | ages Schedule E:<br>/1 Rpt: 5/5                |  |
| 2  | FILER NAME Real Texans PA          | AC .                              |                    |                         | 3 Filer ID (Ethics Commission Filers) 00084021 |  |  |
| 4  | TOTAL OF UN                        | NITEMIZED LOANS                   |                    |                         | I  | \$ 0.00  |  |
| 5  | Date of loan                       | 7 Name of lender                  | out-of-state PA    | C (ID#:                 |  | 9 Loan Amount (\$)                             |  |
| 6  | Is lender a financial institution? | 8 Lender address; C               | City; State;       | Zip Code                |  | 10 Interest Rate                               |  |
|    |                                    |                                   |                    |                         |  | 11 Maturity Date                               |  |
| 12 | Principal occupati                 | on / Job title (See Instructions) | )                  | 13 Employer (See Instr  | uctions)                                       | 1  |  |
| 14 | Description of Col                 | lateral                           |                    | 15 Check if personal fu | nds were deposite                              | d into political account<br>(See Instructions) |  |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor              |                    |                         |  | 19 Amount Guaranteed (\$)                      |  |
|    | not applicable                     | <b>18</b> Guarantor address; C    | City; State;       | Zip Code                |  |  |  |
| 20 | Principal occupati                 | on                                |                    | 21 Employer (See Instr  | uctions)                                       | 1  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |
|    |                                    |                                   |                    |                         |  |  |  |