

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00034189	2 Total pages filed: 8
3 COMMITTEE NAME Across The Track PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/12/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3909 Fernwood Dr. Houston, TX 77021		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Francis <hr/> NICKNAME LAST SUFFIX Cook		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3909 Fernwood Dr. Houston, TX 77021		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 582-9975		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Across The Track PAC	13 Filer ID (Ethics Commission Filers) 00034189
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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)	\$ 6,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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.

Mr. Francis Cook

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 Across The Track PAC		18 Filer ID (Ethics Commission Filers) 00034189
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,500.00
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME Across The Track PAC		3 Filer ID (Ethics Commission Filers) 00034189
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANCH, THELDON (Mr.) 6 Contributor address; City; State; Zip Code HOUSTON, TX 77027	7 Amount of Contribution (\$) \$325.00
8 Principal occupation / Job title (See Instructions) Airport Concessions		9 Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSH, CHARLES (Mr.) Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) HOSPITALITY		Employer (See Instructions) SELF
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, ALAN (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77004	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) FOOD SERVICE		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOK, francis (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77021	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) cook worldwide llc
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CREUZOT III, percy (Mr.) Contributor address; City; State; Zip Code houston, TX 77018	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) frenchy's

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Across The Track PAC		3 Filer ID (Ethics Commission Filers) 00034189
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS JR. Sr., KEITH (Mr.)	7 Amount of Contribution (\$) \$325.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77057	
8 Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		9 Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS Sr., KEITH (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77074	
Principal occupation / Job title (See Instructions) PUBLISHING		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONATTO Sr., JAMES (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions) AD SPECIALITES		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKLIN III, ROBERT (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code houston, TX 77002	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RFS CONSULTING LLC
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLON Jr., JOHN (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77098	
Principal occupation / Job title (See Instructions) OFFICE EQUIPMENT		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Across The Track PAC		3 Filer ID (Ethics Commission Filers) 00034189
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, HARRY	7 Amount of Contribution (\$) \$325.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77042	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, THOMAS (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77081	
Principal occupation / Job title (See Instructions) PARTNER-CPA		Employer (See Instructions) McCONNEL, JONES, LANIER & MURPHY
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYBERRY, SHARONNE (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Jonathan	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) Concentric Construction Corporation LLC
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, KEN (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code LaMARQUE, TX 77568	
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Across The Track PAC		3 Filer ID (Ethics Commission Filers) 00034189
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROY, JENNIFER (Ms.)	7 Amount of Contribution (\$) \$325.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77004	
8 Principal occupation / Job title (See Instructions) HEALTH CARE		9 Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM, DeANDRE (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77021	
Principal occupation / Job title (See Instructions) MOVING & STORAGE		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, brian	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code houston, TX 77004	
Principal occupation / Job title (See Instructions) construction mgt		Employer (See Instructions) BSCI
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, GERALD (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77094	
Principal occupation / Job title (See Instructions) FINANCIAL SERVICES		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOMACK, GERALD (Mr.)	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	2 FILER NAME Across The Track PAC	3 Filer ID (Ethics Commission Filers) 00034189
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4 Date 10/06/2024	5 Payee name Annette Ramirez campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code p.o. box 6853 san antonio, TX 78209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense harris county tax assessor-collector
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/27/2024	Payee name BORRIS MILES CAMPAIGN
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5308 ALMEDA HOUSTON, TX 77004
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense state senator
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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