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) 00016154 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of MD Anderson Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 447 Wilchester Blvd. Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77079 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Susan NAME NICKNAME LAST **SUFFIX** Walden STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 447 Wilchester STREET **ADDRESS** (Residence or Business) Houston, TX 77079 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 447 Wilchester Blvd. MAILING **ADDRESS** Houston, TX 77079 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 858-7441 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/04/2025 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

Friends of MD Anderson 4. COMMITTEE ACTIVITY (Attach lists on plain paper to correlate file (dentify by pane) or, if applicable, classify by party.) (Attach lists on plain paper to correlate file (dentify by pane) or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Monthly by name or, if applicable, classify by party.) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTION TOTALS 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD QUISTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$ CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$ CONTRIBUTION S. CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ CONTRIBUTION S. CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD CONTRIBUTION CONTRIBUT	ilers)
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$	220.61
6 AFFIDAVIT	0.00
I swear, or affirm, under penalty of perjury, that the accompanying report i true and correct and includes all information required to be reported by me under Title 15, Election Code.	
Ms. Susan Walden	_
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this theday	
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

FORM GPAC COVER SHEET PG 3

					3 of 6
17 COMMITTEE NAME 18 Filer ID					sion Filers)
Friends of MD Anderson 00016154					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					L AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				0.00
2.	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.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	9. X SCHEDULE E: LOANS				0.00
10.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				0.00
11.	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	0.00
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
14.	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$			\$	30.00
15.	15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	
				1	

PLE	DGED CONTRIBU	TIONS			SCHEDULE	В
The Instruction Guide explains how to complete this form. 2 FILER NAME Friends of MD Anderson				1	Total pages Schedule B: Sch: 1/1 Rpt: 4/6	
				3	Filer ID (Ethics Commission Filers) 00016154	
<u></u>	OF UNITEMIZED PLED	GES		\perp	\$	0.00
5 Date	6 Full name of pledgorout-of-state PAC (ID#:			8	Amount of pledge (\$)	
40 Daine sine at					Check if travel outside of Texas. Complete School	edule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ions)	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to	complete this f	orm.		ages Schedule E: /1 Rpt: 5/6
2	2 FILER NAME Friends of MD Anderson					(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			-	\$ 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; City	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Inst	tructions)	1
14	Description of Col	lateral		15 Check if personal for	unds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City		Zip Code		
20	Principal occupati	<u>I</u> on		21 Employer (See Inst	tructions)	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
	The instruction durac explains now to co	implete till 3 form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 6/6	Friends of MD Anderson	00016154			
4 Date	5 Payee name				
10/31/2024	Prosperity Bank				
6 Amount (\$)	7 Payee Address; City; State; Zip				
10.00	55 Waugh Dr				
Expenditure from corporate funds	Houston, TX 77007				
8 PURPOSE		Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Accounting/Banking	service charge			
	_				
Date	Payee name				
11/30/2024	Prosperity Bank				
Amount (\$)	Payee Address; City; State; Zip				
10.00	55 Waugh Dr				
Expenditure from corporate funds	Houston, TX 77007				
PURPOSE OF		Description (See instructions regarding type of information required.)			
EXPENDITURE	Accounting/Banking	service charge			
Date	Payee name				
12/31/2024	Prosperity Bank				
Amount (\$)	Payee Address; City; State; Zip				
	55 Waugh Dr				
10.00	- Co Waagii Di				
Expenditure from corporate funds	Houston, TX 77007				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Accounting/Banking	service charge			
EXI ENDITORE					