GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | 2 Total pages filed: 6 | | |
|------------------------------|-------------------------|--------------------------------------|---------------------------|---|
| 00084786 3 COMMITTEE NAME | | | | OFFICE USE ONLY |
| | Run for Something | Texas | | Date Received |
| | | | | |
| | | | | 01/15/2025 |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CIT | Y; STATE; ZIP CODE | 01/10/2020 |
| | ADDRESS | PO Box 33079 | I, STATE, ZIF CODE | |
| | _ | F O B0X 33079 | | Date Hand-delivered or Date Postmarked |
| | Change of Address | Washington, DC 20033 | | Receipt # Amount |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | |
| | | | | Date Imaged |
| | | | | |
| 5 | CAMPAIGN TREASURER | MS / MRS / MR FIRST | | MI |
| | NAME | Mr. Tim | | |
| | | | | |
| | | NICKNAME LAST | | SUFFIX |
| | | Lim | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; CITY; | STATE; ZIP CODE |
| ľ | TREASURER | 1700 Kalorama Rd. NW | AFT/SUITE#, CITT, | STATE, ZIF CODE |
| | STREET ADDRESS | Apt. 404 | | |
| | (Residence or Business) | Washington, DC 20009 | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | APT / SUITE #; CITY; | STATE; ZIP CODE |
| ľ | TREASURER | 1700 Kalorama Rd. NW | AFT 7 SOIL π , CIT, | STATE, ZIF CODE |
| | MAILING ADDRESS | Apt. 404 | | |
| | | | | |
| | Change of Address | Washington, DC 20009 | | |
| 8 | CAMPAIGN TREASURER | | EXTENSION | |
| | PHONE | (202) 380-6771 | | |
| 9 | REPORT | | | |
| ľ | TYPE | X January 15 30 | Oth day before election X | Dissolution (Attach PAC-DR) |
| | | | h day before election | 10th day after campaign treasurer termination |
| | | July 15 | unoff | |
| 10 | PERIOD | Month Day Year | Month Day | Year |
| 1 | COVERED | - | HROUGH 01/15/2025 | |
| | | | | |
| 11 | ELECTION | ELECTION DATE | ELECTION TYPE | |
| | | | Primary Runoff | Other |
| | | 11/05/2024 | General Special | |
| | | | | |
| | | | | |
| | | | | |
| GO TO PAGE 2 | | | | |
| Fo | rms provided by Tex | kas Ethics Commission www.et | thics.state.tx.us | Version V4.1.0.5dd2ace2 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| | | | 13 Filer ID | (Ethics Commission Filers) |
|--|--|--|-----------------|----------------------------|
| Run for Something Tex | xas | | 00084786 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates | A. Supported | | |
| | (Identify by name or, if applicable, classify by party.) | | | |
| (Attach lists on plain | | B. Opposed | | |
| paper to complete this report if necessary.) | | | | |
| | | | | |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | | | |
| | | D. Opposed | | |
| | | B. Opposed | | |
| | | | | |
| | 3. Officeholders | | | |
| | Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION | | POLITICAL CONTRIBUTIONS (OTHER THAN | | |
| TOTALS | | OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) | \$ | 0.00 |
| | check here if this report | qualifies for the higher itemization threshold | | |
| | 2. TOTAL POLITICA | | \$ | 28.00 |
| | ` | DGES, LOANS, OR GUARANTEES OF LOANS) | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | | | | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| | | | | |
| CONTRIBUTION BALANCE | OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 0.00 |
| | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T | -uc | |
| LOAN TOTALS | | REPORTING PERIOD | \$ | 0.00 |
| | | | | |
| 16 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of pen true and correct and includes all inforr | | |
| | | under Title 15, Election Code. | nalion required | to be reported by the |
| | | | | |
| | | | | |
| | | Mr. Ti | im Lim | |
| | | Signature of Car | mpaign Treasur | er |
| ΔΕΕΙΧ ΝΟΤΔΡ | Y STAMP / SEAL ABOVE | | | |
| | | | | |
| | Sworn to and subscribed before me, by the said day | | | |
| of | , 20, to certify v | which, witness my hand and seal of office. | | |
| | | | | |
| | | | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of office | er administering oath |
| cignature of onicer a | | | | s. commissioning outin |
| Forms provided by Texas | Ethics Commission | www.ethics.state.tx.us | | Version V4.1.0.5dd2ace2 |

| S | SUBTOTALS - GPAC | | | FORM GPAC |
|-----|------------------|--|--------------|---------------------------|
| | | | C | OVER SHEET PG 3 3 of 6 |
| | MMITT | (Ethics Commission Filers) | | |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 28.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ |
| 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 | | \$ |
| 10. | | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ 36.00 |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | | | |

| MONETARY POLITICAL C | SCHEDULE A1 | | |
|--|---|--|--|
| The Instruction Guide explains how | The Instruction Guide explains how to complete this form. | | |
| 2 FILER NAME Run for Something Texas | | 3 Filer ID (Ethics Commission Filers) 00084786 | |
| 11/04/2024 Alpern, Shara | Date 5 Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Alpern, Shara 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | 9 Employer (See Instructions Fox Rothschild LLP |) | |
| Date Full name of contributor [11/04/2024 Lo, Ethan Contributor address; City; Sta Brooklyn, NY 11217-1088 | | | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions |) | |
| | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| Sch: 1/1 Rpt: 5/6 Run for Something Texas 00084786 Date 5 Payee name Amalgamated Bank 10/29/2024 Amalgamated Bank Image: Comparison of the second se | The Instruction Guide explains how to complete this form. | | | | |
|--|---|--|--|--|--|
| 10/29/2024 Amalgamated Bank 3 Amount (\$) 12.00 7 Payee Address; 12.00 City: State; Zip 1825 K St NW Washington, DC 20006-1202 3 PURPOSE expenditure (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requipable Accounting/Banking Date 11/27/2024 Payee name Amalgamated Bank Fayee Address; City: State; Zip 1825 K St NW Washington, DC 20006-1202 (b) Description Bank Fees (See instructions regarding type of information requipable categories) PURPOSE of expenditure (a) Category (See instructions for examples of acceptable categories) (b) Description Bank Fees (See instructions regarding type of information requipable categories) Date 12/30/2024 Payee name Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requipable categories) Date 12/30/2024 Payee name Amalgamated Bank (ty; State; Zip 1825 K St NW (see instructions regarding type of information requipable categories) PURPOSE of expension for for for for for for for for for for | | | | | |
| 12.00 1825 K St NW Washington, DC 20006-1202 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requipance) Date Payee name Amalgamated Bank Amalgamated Bank Amount (\$) Payee Address; 12.00 City: State; Zip (See instructions regarding type of information requipance) PURPOSE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requipance) Date Purpose (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requipance) Date Payee name Accounting/Banking (See instructions regarding type of information requipance) Date Payee name Amalgamated Bank Fees Amount (\$) Payee Address; 12.00 City: State; Zip (See instructions regarding type of information requipance) Mashington, DC 20006-1202 Washington, DC 20006-1202 (See instructions regarding type of information requipance) PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description Accounting/Banking | | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requi- Bank Fees Date Payee name Amalgamated Bank Amalgamated Bank Amount (\$) Payee Address; 12:00 City; State; Zip State; Zip PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requi- Bank Fees Date Payee name (See instructions regarding type of information requi- Bank Fees (See instructions regarding type of information requi- Bank Fees Date Payee name Accounting/Banking (See instructions regarding type of information requi- Bank Fees Date Payee name Amalgamated Bank Fees Amount (\$) Payee Address; 12:00 City; State; Zip State; Zip 12:00 1825 K St NW Washington, DC 20006-1202 (See instructions regarding type of information requi- Accounting/Banking PURPOSE (a) Category (See instructions for examples of acceptable categories) OF (b) Description (See instructions regarding type of information requi- Accounting Banking | | 1825 K St NW | | | |
| 11/27/2024 Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 12.00 1825 K St NW Washington, DC 20006-1202 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Bank Fees Date Payee name 12/30/2024 Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 12.00 Payee Address; City; State; Zip 12/30/2024 Payee Address; City; State; Zip 12.00 Payee Address; City; State; Zip 12.00 Rest St NW Washington, DC 20006-1202 (b) Description Ges instructions regarding type of information requipes of acceptable categories) PURPOSE OF (a) Category (See instructions for examples of acceptable categories) PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Amount (\$) Payee Address; City; State; Zip 12.00 Bask Fees | OF | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | |
| 12.00 1825 K St NW Washington, DC 20006-1202 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requires) Bank Fees Date Payee name 12/30/2024 Amalgamated Bank Amount (\$) Payee Address; 12.00 City; State; Zip 1825 K St NW Vashington, DC 20006-1202 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requires) Bank Fees | 11/27/2024 | Amalgamated Bank | | | |
| OF EXPENDITURE Accounting/Banking Bank Fees Date Payee name 12/30/2024 Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 12.00 1825 K St NW Washington, DC 20006-1202 Washington, DC 20006-1202 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description Bank Fees (See instructions regarding type of information required to the part of the part | | 1825 K St NW | | | |
| 12/30/2024 Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 12.00 1825 K St NW Washington, DC 20006-1202 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees (See instructions regarding type of information requirements) | OF | | | | |
| 12.00 1825 K St NW Washington, DC 20006-1202 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires) Accounting/Banking Bank Fees | | | | | |
| PURPOSE OF Accounting/Banking (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required) | | 1825 K St NW | | | |
| | OF | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION | FORM PAC-DR | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" ** | | | |
| 1 COMMITTEE NAME Run for Something Texas | 2 Filer ID (Ethics Commission Filers) 00084786 | | |
| 3 Affidavit of Dissolution | - | | |
| I, the undersigned campaign treasurer, do not expect the occurrence of any fur committee for this or any other campaign or election for which reporting under declare that all of the information required to be reported by me has been repo report as a dissolution report terminates the appointment of campaign treasure committee may not make or authorize political expenditures or accept political appointment of campaign treasurer on file. | the Election Code is required. I rted. I understand that designating a rr. I further understand that a political | | |
| | | | |
| | Mr. Tim Lim of Campaign Treasurer | | |
| DO NOT SIGN UNLESS POLIT | TICAL COMMITTEE IS TO BE DISSOLVED | | |
| | | | |
| | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | |
| | | | |
| Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. | this the day of , | | |
| Signature of officer administering oath Printed name of officer administering oath | Title of officer administering oath | | |