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) 00086558 3 COMMITTEE NAME **OFFICE USE ONLY** Save Harris County PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4145 Gessner Road Date Hand-delivered or Date Postmarked Suite B-415 Change of Address Houston, TX 77080 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Larry NAME NICKNAME LAST **SUFFIX** Hicks STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4145 Gessner Road STREET **ADDRESS** Suite B-415 (Residence or Business) Houston, TX 77080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 10500 Northwest Fwy. Ste. 212 MAILING **ADDRESS** Houston, TX 77092 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 785-5515 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 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) |
|---|--|--|-----------------|----------------------------|
| Save Harris County PAC 0 | | | 00086558 | |
| 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.) | A. Supported | | |
| | | B. Opposed | | |
| | | | | |
| | 3. Officeholders Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA | · | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 300.00 |
| CONTRIBUTION BALANCE | • | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | 94.59 |
| OUTSTANDING LOAN TOTALS | | 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 per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Larry | Hicks | |
| | Larry Hicks Signature of Campaign Treasurer | | | |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | • | | |
| Sworn to and subscrib | ned hefore me, by the said | , th | nis the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of office | er administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | 3 of 4 |
|-----------------------------------|--|-----------------------------|----------------------------|
| 17 COMMITTEE NA Save Harris Co | | 18 Filer ID 00086558 | (Ethics Commission Filers) |
| 19 SCHEDULE SUI NAME OF SCHE | SUBTOTAL AMOUNT | | |
| 1. SCH | HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. SCH | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | |
| 3. SCH | HEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| | HEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR | \$ | |
| | HEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION | \$ | |
| 6. SCH | HEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ |
| . / | HEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR EGANIZATION | | \$ |
| 8. SCH | HEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ |
| 9. SCH | HEDULE E: LOANS | | \$ |
| 10. X SCH | HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 300.00 |
| 11. SCH | HEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCH | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | \$ |
| 13. SCF | HEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. SCF | HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| | HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER | RETURNED | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | | ing Expense Travel Out of District ries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form. | | |
|--|---|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4 | 2 FILER NAME Save Harris County PAC | 3 Filer ID (Ethics Commission Filers) 00086558 | | |
| 4 Date 12/30/20246 Amount (\$) \$300.00 | 5 Payee name Larry M. Hicks, CPA 7 Payee address; City; State; Zip Code | | | |
| Expenditure from corporate funds | Houston, TX 77080 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting and compliance services | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office DH | sought Office held | | |
| | | | | |
| | | | | |