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) 00088986 3 COMMITTEE NAME **OFFICE USE ONLY** Save Lost Creek PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1108 Lavaca St. Date Hand-delivered or Date Postmarked St. 110.200 Change of Address Austin, TX 78746 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** William Mr. NAME NICKNAME LAST **SUFFIX** Brannan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1108 Lavaca St. STREET **ADDRESS** Ste. #110.200 (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1108 Lavaca St. MAILING **ADDRESS** Ste. #110.200 Austin, TX 78746 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 575-3005 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 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID) (Ethics Commission Filers)
Save Lost Creek PAC			000889	986
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	hborhood limite	ed district board election	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAT OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	AN \$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOAN	NS)	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			2,937.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	S OF THE \$	0.00	
6 AFFIDAVIT	1		<u> </u>	
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr. N	William Branna	
			of Campaign Tre	-
		Signature		··· - ·
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _		, this 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	officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

COMMITTEE NAME Save Lost Creek PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this) 13 Filer ID (Ethics Commission Filers) 00088986 A. Supported Mrs. Patti Brennan neighborhood limited district board B. Opposed	PURPUSE						Para Sark
Save Lost Creek PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Mrs. Patti Brennan neighborhood limited district board B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted							Page 3 of 6
1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Mrs. Patti Brennan neighborhood limited district board B. Opposed B. Opposed B. Opposed B. Opposed	COMMITTEE NAME						(Ethics Commission Filers)
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted						00088986	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted			A. Supported	Mrs. Patti Brennan	neighborhoo	d limited distric	t board
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2.	Measures	A. Supported				
3. Officeholders Assisted							
Assisted			B. Opposed				
[detailty by name or, if applicable, classify by party.]							
Pathermone concept at beauty.	(Ide	entify by name or, if					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

Filer ID 00088986	(Ethics Commission Filers) SUBTOTAL AMOUNT \$ 0.00			
00088986				
	\$ 0.00			
	•			
	\$ 0.00			
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS				
	\$			
N OR	\$			
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
ANIZATION	\$			
	\$ 0.00			
	\$ 0.00			
	\$ 0.00			
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
'	\$ 0.00			
	\$			
	3			

PLE	OGED CONTRIBU	TIONS			SCHEDULE B
The Instruction Guide explains how to complete this form.					Total pages Schedule B: Sch: 1/1 Rpt: 5/6
	Priler NAME Save Lost Creek PAC				Filer ID (Ethics Commission Filers) 00088986
<u></u>	OF UNITEMIZED PLEDO	 GES			\$ 0.0
5 Date	6 Full name of pledgor 7 Pledgor Address;	:	_) 8	Amount of pledge (\$)	
10 Principal	accumation / Joh title (Coe Instru	untions)	11.5		Check if travel outside of Texas. Complete Schedule
10 Principai	occupation / Job title (See Instru	ictions)	11 Employer (See Ins	structi	ons)

	LOANS						sc	HEDULE	E		
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule E: Sch: 1/1 Rpt: 6/6					
2	FILER NAME Save Lost Creek PAC				- 1	Filer ID 000889	(Ethics Com	mission File	rs)		
4	TOTAL OF UN	IITEMIZED LOANS					\$		0.00		
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Am	ount (\$)			
6	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code			10 Interest F				
							11 Maturity I	Date			
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)						
14	Description of Coll None	lateral		15 Check if personal funds v	vere d	eposited	into political a (See Inst				
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount (Guaranteed ((\$)		
	not applicable	18 Guarantor address; City	r; State;	Zip Code	•••••						
20	Principal occupation	on		21 Employer (See Instruction	ns)						