### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Τŀ	ne GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00069636	2 Total pages filed: 5		
3	COMMITTEE NAME		1	OFFICE USE ONLY		
Texas Association of Consumer Lawyers PAC				Date Received ELECTRONICALLY FILED 01/16/2025		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE			
	ADDRESS	1005 Congress Avenue, Suite 1000		Date Hand-delivered or Date Postmarked		
	Change of Address					
		Austin, TX 78701		Receipt # Amount		
				Date Processed		
				546 F 10003304		
				Date Imaged		
5		MS / MRS / MR FIRST		MI		
	TREASURER NAME	Ms. Irma				
		I NICKNAME LAST		SUFFIX		
		Reyes				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
	TREASURER STREET	3715 South First Street				
	ADDRESS	#410				
	(Residence or Business)	Austin, TX 78704				
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
MAILING 1005 Congress Ave., Ste. 1000						
	ADDRESS	Austin, TX 78701				
	Change of Address					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER E (830) 335-1400	EXTENSION			
	PHONE					
9	REPORT	X January 15 30	)th day before election	Dissolution (Attach PAC-DR)		
	TYPE		h day before election	10th day after campaign treasurer		
		July 15		termination		
			unoff			
10	PERIOD COVERED	Month Day Year	Month Day	Year		
		07/01/2024 TH	IROUGH 12/31/2024	4		
11	ELECTION	ELECTION DATE	ELECTION TYPE			
		Month Day Year	Primary Runoff	Other		
		-	General Special			
Γ						
	GO TO PAGE 2					
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2					

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	er ID (Ethics Commission Filers)		
Texas Association of Consumer Lawyers PAC 0006			00069636			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,029.34		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	•		I			
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.						
		Ms. Irm				
	Ms. Irma Rey Signature of Campaigr			ırer		
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed	before 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 officer administering oath						
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### SUBTOTALS - GPAC

#### FORM GPAC COVER SHEET PG 3 3 of 5

17 COMMITT	(Ethics Commission Filers)				
	sociation of Consumer Lawyers PAC	00069636	<del></del>		
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS				
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.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$		
9. X	SCHEDULE E: LOANS		\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

### **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Consumer Lawyers PAC 00069636 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS			SCH	IEDULE E	
The Instruction Guide explains how to complete this form			ages Schedule E: /1 Rpt: 5/5		
2 FILER NAME 3 Filer II   Texas Association of Consumer Lawyers PAC 00069				(Ethics Commission Filers) 536	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS			\$	0.00	
5 Date of loan 7 Name of lender out-of-state PAC (ID#:		)	9 Loan Amo	unt (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code			10 Interest Ra		
			<b>11</b> Maturity Da	ate	
12 Principal occupation / Job title (See Instructions)     13 Employer (See Instructions)	ictions)				
14 Description of Collateral 15 Check if personal function   None Image: Check if personal function	nds were d	eposited	l into political ac (See Instru		
16 GUARANTOR 17 Name of guarantor INFORMATION			19 Amount G	uaranteed (\$)	
not applicable <b>18</b> Guarantor address; City; State; Zip Code					
20 Principal occupation 21 Employer (See Instruct	ictions)		1		