FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016341 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Cable Association, Inc. PAC Date Received **ELECTRONICALLY FILED** 02/04/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1001 Congress., Ste. 400 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Meredyth NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Fowler CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Avenue STREET **ADDRESS** Suite 1350 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Avenue MAILING **ADDRESS** Suite 1350 Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-2082 x204 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Cable Associ	ation, Inc. PAC			0001634	11
4 COMMITTEE ACTIVITY	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	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRI OR GUARANTEES O IADE ELECTRONICAI qualifies for the higher ite	LLY)	\$	0.00
		L CONTRIBUTION DGES, LOANS, OR G	S UARANTEES OF LOANS)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	l l	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			5,082.74
OUTSTANDING LOAN TOTALS	l l	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
6 AFFIDAVIT	l			<u> </u>	
		true and	, or affirm, under penalty of d correct and includes all in itle 15, Election Code.		
			Ms. Me	redyth Fowler	
				Campaign Trea	
AFFIX NOTA	ARY STAMP / SEAL ABOVE				
Sworn to and subscri	bed before me, by the said _			_, this the	day
	, 20, to certify				
Signature of office	r administering oath	Printed name of office	er administering oath	litle of of	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 6	6
17 COMMI	TEE NAME	18 Filer ID	(Ethics Commission Filers)	
Texas (Cable Association, Inc. PAC			
	JLE SUBTOTALS OF SCHEDULE	SUBTOTAL AMOUNT	-	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	0.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$ 50	0.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$ 0	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 0	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$ 0	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

PLEDO	GED CONTRIBUTIONS				SCHEDULE B		
The Instruction Guide explains how to complete this form. 2 FILER NAME				Total pages Scher Sch: 1/1 Rpt: 4/	Total pages Schedule B:		
				-	ics Commission Filers)		
Texas Cable Association, Inc. PAC				00016341			
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8		9 In-kind description		
	Texas Cable Association			pledge (\$)	(If applicable)		
	7 Pledgor Address; City; State; Zip Code		1	\$0.00	i I		
01/16/2025					I İ		
	Austin, TX 78701		11	Check if travel outs	i side of Texas. Complete Schedule T.		
10 Principal oc	L cupation / Job title (See Instructions)	11 Employer (See Instru	ıcti		·		
	(== Employer (See made	JOLI	0113)			

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Cable Association, Inc. PAC 00016341 Date 5 Corporation / Labor Organization name 6 Amount (\$) 01/16/2025 50.00 Texas Cable Association, Inc. PAC

L	LOANS					SCHEDUL	E E
1	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 6/6		
	2 FILER NAME Texas Cable Association, Inc. PAC				3 Filer ID (Ethics Commission Filers) 00016341		
4 1	ΓΟΤΑL OF UN	IITEMIZED LOANS			•	\$	0.00
5 C	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	,	9 Loan Amount (\$)	
fi	s lender a inancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 F	Principal occupation	on / Job title (See Instructio	ns)	13 Employer (See Instruction	ıs)	•	
14 [Description of Coll	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 F	Principal occupation	on		21 Employer (See Instruction	ıs)	•	