

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME ACT for Texas Classroom Teachers Association	13 Filer ID (Ethics Commission Filers) 00016361
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 229.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 561.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 292,800.72
OUTSTANDING LOAN TOTALS	6. 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 perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ann Fickle

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME ACT for Texas Classroom Teachers Association	18 Filer ID (Ethics Commission Filers) 00016361
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 561.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/7
2 FILER NAME ACT for Texas Classroom Teachers Association		3 Filer ID (Ethics Commission Filers) 00016361
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREWS, LAURA	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code CUERO, TX 77954		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BACKUS, HALLEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code WAXAHACHIE, TX 75165		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DCC 17	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code LEVELLAND, TX 79336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRAUSTO, LYNNETTE	Amount of Contribution (\$) \$22.00
Contributor address; City; State; Zip Code HELOTES, TX 78023		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JAMES	Amount of Contribution (\$) \$16.00
Contributor address; City; State; Zip Code VICTORIA, TX 77901		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/7
2 FILER NAME ACT for Texas Classroom Teachers Association		3 Filer ID (Ethics Commission Filers) 00016361
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENSON, DONALD <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77089	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, MAYRA <hr/> Contributor address; City; State; Zip Code MISSION, TX 78574	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INNOCENT, NDAYISHIMIYE <hr/> Contributor address; City; State; Zip Code FORNEY, TX 75126	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JACQUELYN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78724	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, MELANIE <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/7
2 FILER NAME ACT for Texas Classroom Teachers Association		3 Filer ID (Ethics Commission Filers) 00016361
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEIL, CAROL <hr/> 6 Contributor address; City; State; Zip Code DEER PARK, TX 77536	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERCE, ANGELA <hr/> Contributor address; City; State; Zip Code SUGAR LAND, TX 77498	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTTSBORO CTA <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, ELISHA <hr/> Contributor address; City; State; Zip Code RICHMOND, TX 77469	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, ROCIO <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79707	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/7
2 FILER NAME ACT for Texas Classroom Teachers Association		3 Filer ID (Ethics Commission Filers) 00016361
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, SHERRY <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DYKE, TIFFANY <hr/> Contributor address; City; State; Zip Code SWEENY, TX 77480	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAGER, DIANNA <hr/> Contributor address; City; State; Zip Code CORINTH, TX 76210	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILHELM, HEATHER <hr/> Contributor address; City; State; Zip Code STAMFORD, TX 79553	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, PAIGE <hr/> Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)