

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069951		2 Total pages filed: 10	
3 COMMITTEE NAME Lake Highlands/White Rock Democrats PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/26/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 180598 Dallas, TX 75218-0598				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Timothy H. NICKNAME LAST SUFFIX Sexton				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9930 Donegal Drive Dallas, TX 75218				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 180598 Dallas, TX 75218				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 320-8388				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/26/2025 04/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Lake Highlands/White Rock Democrats PAC		13 Filer ID (Ethics Commission Filers) 00069951	
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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	137.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	425.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,359.14
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.

Mr. Timothy H. Sexton

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**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Lake Highlands/White Rock Democrats PAC		18 Filer ID (Ethics Commission Filers) 00069951
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 137.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 425.09
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
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: 1/1 Rpt: 4/10
2 FILER NAME Lake Highlands/White Rock Democrats PAC		3 Filer ID (Ethics Commission Filers) 00069951
4 Date 04/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Nancy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Theresa (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Dallas County
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Paula (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 5/10

2 FILER NAME

Lake Highlands/White Rock Democrats PAC

3 Filer ID (Ethics Commission Filers)
00069951

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 6/10

2 FILER NAME

Lake Highlands/White Rock Democrats PAC

3 Filer ID (Ethics Commission Filers)
00069951

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ None

15 Check if personal funds were deposited into political account
(See Instructions)

☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

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
Credit Card Payment

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

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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 7/10	2 FILER NAME Lake Highlands/White Rock Democrats PAC	3 Filer ID (Ethics Commission Filers) 00069951
4 Date 04/08/2025	5 Payee name CC Young	
6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4847 Lawther Drive Dallas, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Space rental for monthly meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2025	Candidate/Officeholder name Canva	
Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 Kippax St. Perth Western Australia 006651 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software use fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/19/2025	Candidate/Officeholder name Cool, Caren (Ms.)	
Amount (\$) \$6.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11020 Waterson Dr. Dallas, TX 75214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee supplies for monthly meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 8/10	2 FILER NAME Lake Highlands/White Rock Democrats PAC	3 Filer ID (Ethics Commission Filers) 00069951
4 Date 04/02/2025	5 Payee name Google Domains	
6 Amount (\$) \$23.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech use fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2025	Payee name Green, Rhonda (Ms.)	
Amount (\$) \$39.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6646 E. Lovers Lane, #701 Dallas, TX 75214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for monthly meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name Jot Form	
Amount (\$) \$20.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4 Embarcadero Ct San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software use fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 9/10	2 FILER NAME Lake Highlands/White Rock Democrats PAC	3 Filer ID (Ethics Commission Filers) 00069951
4 Date 04/24/2025	5 Payee name Lochland's	
6 Amount (\$) \$66.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8518 Plano Rd Dallas, TX 75238	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour refreshments
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name UPS Store		
Amount (\$) \$8.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9540 Garland Rd Dallas, TX 75218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies for monthly meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix.com		
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4700 Main Ste 7007 New Youk, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech use fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 10/10	2 FILER NAME Lake Highlands/White Rock Democrats PAC	3 Filer ID (Ethics Commission Filers) 00069951
4 Date 04/07/2025	5 Payee name Zoom	
6 Amount (\$) \$17.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3640 Zoom St San Jose, CA 94088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to use App
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held