

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087335	2 Total pages filed: 9	
3 COMMITTEE NAME CyFair 4 Liberty PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13121 Louetta Rd. 1555 Cypress, TX 77429			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI William J. NICKNAME LAST SUFFIX Ely			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 20715 Orange Poppy Dr. Cypress, TX 77433			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 20715 Orange Poppy Dr. Cypress, TX 77433			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 919-4999			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME CyFair 4 Liberty PAC	13 Filer ID (Ethics Commission Filers) 00087335
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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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,788.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,606.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,788.96
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.

William J. Ely

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 9

17 COMMITTEE NAME CyFair 4 Liberty PAC		18 Filer ID (Ethics Commission Filers) 00087335
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,788.96
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,606.22
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: 1/2 Rpt: 4/9
2 FILER NAME CyFair 4 Liberty PAC		3 Filer ID (Ethics Commission Filers) 00087335
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Ron <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$31.56
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deaver, Audra <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$312.81
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ely, William <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions)
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanary, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kunetka, Vicki <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$15.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
2 FILER NAME CyFair 4 Liberty PAC		3 Filer ID (Ethics Commission Filers) 00087335
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel-Palomo, Heather 6 Contributor address; City; State; Zip Code Houston, TX 77084	7 Amount of Contribution (\$) \$312.81
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie, Blasingame Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$31.56
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Manuela Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$15.94
Principal occupation / Job title (See Instructions) Office manager		Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Amanda Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$15.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 6/9	2 FILER NAME CyFair 4 Liberty PAC	3 Filer ID (Ethics Commission Filers) 00087335
4 Date 04/09/2025	5 Payee name CAMPAIGN VERIFY	
6 Amount (\$) \$95.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2025	Payee name MC REPUBLICAN	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 18001 Hwy 105 W Suite 101 Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 TRANSPORTATION SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name PEERLY	
Amount (\$) \$359.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2232 Dell Range Blvd Cheyenne, WY 82009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
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: 2/4 Rpt: 7/9	2 FILER NAME CyFair 4 Liberty PAC	3 Filer ID (Ethics Commission Filers) 00087335
4 Date 03/08/2025	5 Payee name PEERLY	
6 Amount (\$) \$359.82 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2232 Dell Range Blvd Cheyenne, WY 82009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name PEERLY		
Amount (\$) \$359.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2232 Dell Range Blvd Cheyenne, WY 82009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name PEERLY		
Amount (\$) \$359.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2232 Dell Range Blvd Cheyenne, WY 82009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
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: 3/4 Rpt: 8/9	2 FILER NAME CyFair 4 Liberty PAC	3 Filer ID (Ethics Commission Filers) 00087335
4 Date 06/27/2025	5 Payee name SIGNUPGENIUS	
6 Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name SIGNUPGENIUS		
Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name SIGNUPGENIUS		
Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
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: 9/9	2 FILER NAME CyFair 4 Liberty PAC	3 Filer ID (Ethics Commission Filers) 00087335
4 Date 03/27/2025	5 Payee name SIGNUPGENIUS	
6 Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name SIGNUPGENIUS		
Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name SIGNUPGENIUS		
Amount (\$) \$11.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13777 Ballantyne Corporate Place Suite 500 Charlotte, NC 28277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IT SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		