

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) 00067309 | 2 Total pages filed: 7 | |
| 3 COMMITTEE NAME NRH4u | | | OFFICE USE ONLY | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7105 Harlan Drive Rockwall, TX 75087 | | | Date Received ELECTRONICALLY FILED 07/12/2025 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Thomas E. | | | | |
| | | NICKNAME LAST SUFFIX Lombard | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7105 Harlan Drive Rockwall, TX 75087 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7105 Harlan Drive Rockwall, TX 75087 | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (972) 295-0608 | | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 Month Day Year 01/01/2025 THROUGH 06/30/2025 | | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year 05/03/2025 <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 NRH4u | | 13 Filer ID (Ethics Commission Filers) 00067309 | |
| 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 Jack McCarty Mayor - North Richland Hills | |
| | | 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 |
| | | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 470.61 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 562.97 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |
| 16 AFFIDAVIT <p>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.</p> <p>Mr. Thomas E. Lombard _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p> | | | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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| | | |
|--|---|---|
| 17 COMMITTEE NAME NRH4u | | 18 Filer ID (Ethics Commission Filers) 00067309 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 470.61 |
| 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 | \$ 562.97 |
| 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: 1/1 Rpt: 4/7 |
| 2 FILER NAME NRH4u | | 3 Filer ID (Ethics Commission Filers) 00067309 |
| 4 Date 05/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Jack <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 | 7 Amount of Contribution (\$) \$470.61 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 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: 1/2 Rpt: 5/7 | 2 FILER NAME NRH4u | 3 Filer ID (Ethics Commission Filers) 00067309 |
| 4 Date 05/19/2025 | 5 Payee name Tom, Lombard | |
| 6 Amount (\$) \$383.97 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7105 Harlan Drive Rockwall, TX 75087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Web Site Subscription & Domain Registration |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/01/2025 | Payee name Veritex Community Bank | |
| Amount (\$) \$62.50 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6330 Davis Blvd. North Richland Hills, TX 76182 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile Terminal Monthly Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2025 | Payee name Veritex Community Bank | |
| Amount (\$) \$54.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6330 Davis Blvd. North Richland Hills, TX 76182 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile Terminal Monthly 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: 2/2 Rpt: 6/7 | 2 FILER NAME NRH4u | 3 Filer ID (Ethics Commission Filers) 00067309 |
| 4 Date 05/01/2025 | 5 Payee name Veritex Community Bank | |
| 6 Amount (\$) \$62.50 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 6330 Davis Blvd. North Richland Hills, TX 76182 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile Terminal Monthly Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

7 of 7

The Instruction Guide explains how to complete this form. ****Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME

NRH4u

2 Filer ID (Ethics Commission Filers)

00067309

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Mr. Thomas E. Lombard

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

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