

# 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<br>(Ethics Commission Filers)<br>00088667                                                                                                                                  | 2 Total pages filed:<br>5                                                                                                                                                    |
| 3 COMMITTEE NAME<br>Tarrant Taxpayer Advocates                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       | <b>OFFICE USE ONLY</b><br>Date Received<br>ELECTRONICALLY FILED<br>07/15/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1450 Keller Parkway<br>#402-108<br>Keller, TX 76248                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                              |
| 5 CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR FIRST MI<br>Erik<br>NICKNAME LAST SUFFIX<br>Leist                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       |                                                                                                                                                                              |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1540 Keller Parkway<br>#108-402<br>Keller, TX 76248                                                                                                                                                                                                                       |                                                                                                                                                                                       |                                                                                                                                                                              |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1540 Keller Parkway<br>#108-402<br>Keller, TX 76248                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                              |
| 8 CAMPAIGN TREASURER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br>(612) 695-5041                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                                                                              |
| 9 REPORT TYPE                                                                          | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                                                                                                                                                       |                                                                                                                                                                              |
| 10 PERIOD COVERED                                                                      | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                              |
| 11 ELECTION                                                                            | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                                                                                                              |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |         |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>12 COMMITTEE NAME</b><br>Tarrant Taxpayer Advocates                                                  |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00088667                                                                                                                                                                                         |         |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                                                                                                                                                                                      |         |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |         |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                      |         |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |         |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                   |         |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)          |                                                                                                      | \$ 0.00                                                                                                                                                                                                                                           |         |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                           |         |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 0.00                                                                                                                                                                                                                                           |         |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 0.00                                                                                                                                                                                                                                           |         |
| OUTSTANDING LOAN TOTALS                                                                                 | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 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.

Erik Leist

\_\_\_\_\_  
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 5

|                                                        |                                                                                                                   |                                                           |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Tarrant Taxpayer Advocates |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00088667 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE       |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                     | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 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              | \$ 0.00                                                   |
| 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       | \$                                                        |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Tarrant Taxpayer Advocates

3 Filer ID (Ethics Commission Filers)

00088667

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ 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: 5/5

2 FILER NAME  
Tarrant Taxpayer Advocates

3 Filer ID (Ethics Commission Filers)  
00088667

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

☐ not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)