

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) 00084934	2 Total pages filed: 10	
3 COMMITTEE NAME Southlake Families PAC			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 07/15/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 N. Carroll Ave. Box 103 Southlake, TX 76092	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Mr. Zachary NICKNAME LAST SUFFIX Cate	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 N. Carroll Ave. Box 103 Southlake, TX 76092	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1008 Aspen Ridge Drive Southlake, TX 76092	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (432) 413-1480	
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 04/24/2025 THROUGH Month Day Year 06/30/2025	
11 ELECTION			ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <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

12 COMMITTEE NAME Southlake Families PAC		13 Filer ID (Ethics Commission Filers) 00084934
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,075.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 735.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 151,597.63
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. Zachary Cate

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 10

17 COMMITTEE NAME Southlake Families PAC		18 Filer ID (Ethics Commission Filers) 00084934
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,075.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 735.07
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: 4/10
2 FILER NAME Southlake Families PAC		3 Filer ID (Ethics Commission Filers) 00084934
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Eileen <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Eileen <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lies, Douglas <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jessica <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions)
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jessica <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME Southlake Families PAC		3 Filer ID (Ethics Commission Filers) 00084934
4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubach, Evelyn 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundlov, David Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundlov, David Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundlov, David Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pilot		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: 1/5 Rpt: 6/10	2 FILER NAME Southlake Families PAC	3 Filer ID (Ethics Commission Filers) 00084934
4 Date 06/03/2025	5 Payee name MailChimp	
6 Amount (\$) \$61.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 675 Ponce de Leon Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Email/Mailing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name MailChimp		
Amount (\$) \$61.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Email/Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Revv LLC		
Amount (\$) \$8.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
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: 2/5 Rpt: 7/10	2 FILER NAME Southlake Families PAC	3 Filer ID (Ethics Commission Filers) 00084934
4 Date 05/19/2025	5 Payee name Revv LLC	
6 Amount (\$) \$5.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
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 Revv LLC		
Amount (\$) \$1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Revv LLC		
Amount (\$) \$8.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
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: 3/5 Rpt: 8/10	2 FILER NAME Southlake Families PAC	3 Filer ID (Ethics Commission Filers) 00084934
4 Date 06/09/2025	5 Payee name Revv LLC	
6 Amount (\$) \$8.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Revv LLC		
Amount (\$) \$1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Revv LLC		
Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
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: 4/5 Rpt: 9/10	2 FILER NAME Southlake Families PAC	3 Filer ID (Ethics Commission Filers) 00084934
4 Date 06/30/2025	5 Payee name Revv LLC	
6 Amount (\$) \$8.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1920 L St. NW Washington D.C., DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Platform Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Web.com		
Amount (\$) \$226.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5335 Gate Pkwy. Jacksonville, FL 32256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Web.com		
Amount (\$) \$24.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5335 Gate Pkwy. Jacksonville, FL 32256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Website
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: 5/5 Rpt: 10/10	2 FILER NAME Southlake Families PAC	3 Filer ID (Ethics Commission Filers) 00084934
4 Date 05/15/2025	5 Payee name Web.com	
6 Amount (\$) \$94.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5335 Gate Pkwy. Jacksonville, FL 32256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2025	Payee name Wix.com	
Amount (\$) \$220.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Gansevoort Street New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held