

# 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<br>(Ethics Commission Filers)<br>00064967 |  | 2 Total pages filed:<br>4                                                                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Credit Union Coalition of Texas Friends of Credit Unions PAC |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>09/03/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount<br><br>Date Processed<br><br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                              | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP<br>P.O. Box 171089<br><br>Austin, TX 78717-1089                                                                                                                                                                                                                                                                                                                              |                                                      |  |                                                                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                        | MS / MRS / MR                      FIRST                      MI<br>Mrs.                      Melodie                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                                                                       |  |
|                                                                                  | NICKNAME                      LAST                      SUFFIX<br>Durst                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                   | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>201 Marbella Way<br><br>Georgetown, TX 78633                                                                                                                                                                                                                                                                                                        |                                                      |  |                                                                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                             | STREET ADDRESS OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>201 Marbella Way<br><br>Georgetown, TX 78633                                                                                                                                                                                                                                                                                               |                                                      |  |                                                                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                       | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(512) 435-4214                                                                                                                                                                                                                                                                                                                                               |                                                      |  |                                                                                                                                                                                                                       |  |
| 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<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                                                | Month    Day    Year                      THROUGH                      Month    Day    Year<br>07/26/2025                      08/25/2025                                                                                                                                                                                                                                                                                                  |                                                      |  |                                                                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Credit Union Coalition of Texas Friends of Credit Unions PAC                |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00064967                                                                                                                                                                                         |
| <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 |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 895.00                                                                                                                                                                                                                                         |
| 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>        | \$ 34,520.59                                                                                                                                                                                                                                      |
| 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.

Mrs. Melodie Durst

\_\_\_\_\_  
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**  
3 of 4

|                                                                                          |                                                                                                                              |                                                           |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Credit Union Coalition of Texas Friends of Credit Unions PAC |                                                                                                                              | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00064967 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                         |                                                                                                                              | SUBTOTAL AMOUNT                                           |
| 1.                                                                                       | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                                       | \$                                                        |
| 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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 895.00                                                 |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                                    | \$                                                        |
| 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                  | \$                                                        |

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

|                                                                                 |                                                                                           |                                                   |                                    |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form.                       |                                                                                           | 1 Total pages Schedule C2:<br>Sch: 1/1 Rpt: 4/4   |                                    |
| 2 FILER NAME<br>Credit Union Coalition of Texas Friends of Credit Unions PAC    |                                                                                           | 3 Filer ID (Ethics Commission Filers)<br>00064967 |                                    |
| 4 Date<br>08/01/2025                                                            | 5 Corporation / Labor Organization name<br>Credit Union Coalition of Texas                | 7 Amount of contribution(\$)<br>\$500.00          | 8 In-kind contribution description |
|                                                                                 | 6 Corporation / Labor Organization address; City; State; Zip Code<br><br>Austin, TX 78717 |                                                   |                                    |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                           |                                                   |                                    |
| Date<br>08/01/2025                                                              | Corporation / Labor Organization name<br>Credit Union Coalition of Texas                  | Amount of contribution(\$)<br>\$395.00            | In-kind contribution description   |
|                                                                                 | Corporation / Labor Organization address; City; State; Zip Code<br><br>Austin, TX 78717   |                                                   |                                    |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                           |                                                   |                                    |