

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 (Ethics Commission Filers) 00088859 | | 2 Total pages filed: 8 | |
| 3 COMMITTEE NAME Cypress Republicans | | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/29/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 8190 Barker Cypress PMB 51 Cypress, TX 77433 | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Patricia NICKNAME LAST SUFFIX Baughman | | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9111 Belton Bend Court Cypress, TX 77433 | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9111 Belton Bend Court Cypress, TX 77433 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 675-0100 | | | | |
| 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 checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | | | |
| 11 PERIOD COVERED | Month Day Year THROUGH Month Day Year 08/26/2025 09/25/2025 | | | | |

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| | | |
|---|--|--|
| 12 COMMITTEE NAME Cypress Republicans | | 13 Filer ID (Ethics Commission Filers) 00088859 |
| 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 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,720.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 6,634.46 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,981.25 |
| 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.

Mrs. Patricia Baughman

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 8

| | | |
|--|---|---|
| 17 COMMITTEE NAME Cypress Republicans | | 18 Filer ID (Ethics Commission Filers) 00088859 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,720.00 |
| 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 | \$ 6,634.46 |
| 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: 1/3 Rpt: 4/8 |
| 2 FILER NAME Cypress Republicans | | 3 Filer ID (Ethics Commission Filers) 00088859 |
| 4 Date 09/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blasingame, Natalie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095 | 7 Amount of Contribution (\$) \$52.00 |
| 8 Principal occupation / Job title (See Instructions) Unknown | | 9 Employer (See Instructions) |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramble, Sandra <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desforjes, Cheryl <hr/> Contributor address; City; State; Zip Code Jersey Village, TX 77040 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greutman, Edward <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8 |
| 2 FILER NAME Cypress Republicans | | 3 Filer ID (Ethics Commission Filers) 00088859 |
| 4 Date 09/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Warren <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77084 | 7 Amount of Contribution (\$) \$81.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) |
| Date 09/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacGeorge, Jeff <hr/> Contributor address; City; State; Zip Code Houston, TX 77064 | Amount of Contribution (\$) \$52.00 |
| Principal occupation / Job title (See Instructions) contractor | | Employer (See Instructions) |
| Date 08/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Helen <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375 | Amount of Contribution (\$) \$54.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odom, Venita <hr/> Contributor address; City; State; Zip Code Spring, TX 77379 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) |
| Date 09/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeffer, Patricia <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8 |
| 2 FILER NAME Cypress Republicans | | 3 Filer ID (Ethics Commission Filers) 00088859 |
| 4 Date 09/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popova, Maria <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429 | 7 Amount of Contribution (\$) \$52.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 08/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sucy, Vilma <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) stay home mom | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasquez, Matthew <hr/> Contributor address; City; State; Zip Code Houston, TX 77074 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Radio | | Employer (See Instructions) |
| Date 08/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deZevallos, Shelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77094 | Amount of Contribution (\$) \$52.00 |
| 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: 1/2 Rpt: 7/8 | 2 FILER NAME Cypress Republicans | 3 Filer ID (Ethics Commission Filers) 00088859 |
| 4 Date 09/23/2025 | 5 Payee name Cy-Fair for Liberty PAC | |
| 6 Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4416 Briarwood Ave. Midland, TX 79707 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/10/2025 | Payee name Nash Printing Company | |
| Amount (\$) \$208.20 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 11810 Cypress Houston Rd Cypress, TX 77429 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Name tags/flyers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2025 | Payee name Pierre's New Season | |
| Amount (\$) \$2,035.10 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6159 FM 1960 Rd, West Houston, TX 77069 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 catering |
| 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: 8/8 | 2 FILER NAME Cypress Republicans | 3 Filer ID (Ethics Commission Filers) 00088859 |
| 4 Date 09/17/2025 | 5 Payee name Saenz, Jonathan | |
| 6 Amount (\$) \$193.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1005 Congress Ave. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 travel reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/15/2025 | Payee name St. John Lutheran Church | |
| Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 15235 Spring Cypress Rd Cypress, TX 77429 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2025 | Payee name Wells Fargo | |
| Amount (\$) \$48.16 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 9722 Fry Road Cypress, TX 77433 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |