

**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) 00016610	2 Total pages filed: 8
3 COMMITTEE NAME Local #527 PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/13/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address IBEW Local Union 527 2509 FM 2004 Rd Texas City, TX 77591			
5 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. Michael D.			
NICKNAME LAST Henderson			
SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Local Union 527 2509 FM 2004 Rd Texas City, TX 77591		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Local Union 527 2509 FM 2004 Texas City, TX 77591		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 933-9800		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 07/01/2025 THROUGH 12/31/2025		
11 ELECTION	Month Day Year	ELECTION DATE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	ELECTION TYPE

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Local #527 PAC		13 FILER ID (Ethics Commission Filers) 00016610
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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 175.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 54,615.81
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. Michael D. Henderson

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 8

17 COMMITTEE NAME Local #527 PAC	18 Filer ID (Ethics Commission Filers) 00016610
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" 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	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" 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.			
2 FILER NAME Local #527 PAC			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/8</p>
<p>2 FILER NAME Local #527 PAC</p>		<p>3 Filer ID (Ethics Commission Filers) 00016610</p>
<p>4 Date 07/22/2025</p>	<p>5 Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>7 Amount of contribution (\$) \$25.70</p>
	<p>6 Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	
<p>Date 08/25/2025</p>	<p>Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>Amount of contribution (\$) \$30.78</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	
<p>Date 09/22/2025</p>	<p>Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>Amount of contribution (\$) \$25.82</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	
<p>Date 10/22/2025</p>	<p>Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>Amount of contribution (\$) \$26.16</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	
<p>Date 11/21/2025</p>	<p>Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>Amount of contribution (\$) \$47.63</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	
<p>Date 12/23/2025</p>	<p>Corporation / Labor Organization name IBEW 527 PAC FUND</p>	<p>Amount of contribution (\$) \$18.93</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code TEXAS CITY, TX 77591</p>	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/8
2 FILER NAME Local #527 PAC		3 Filer ID (Ethics Commission Filers) 00016610
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 7/8	2 FILER NAME Local #527 PAC	3 Filer ID (Ethics Commission Filers) 00016610
4 Date 07/31/2025	5 Payee name HOMETOWN BANK NA	
6 Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 08/29/2025	Payee name HOMETOWN BANK NA	
Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 09/30/2025	Payee name HOMETOWN BANK NA	
Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 10/31/2025	Payee name HOMETOWN BANK NA	
Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 8/8	2 FILER NAME Local #527 PAC	3 Filer ID (Ethics Commission Filers) 00016610
4 Date 11/28/2025	5 Payee name HOMETOWN BANK NA	
6 Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 12/31/2025	Payee name HOMETOWN BANK NA	
Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 3909 GALVESTON, TX 77552	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee