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) 00080398	**2** Total pages filed: 5

3 COMMITTEE NAME Williamson County Deputies Association PAC.	**OFFICE USE ONLY**
	Date Received ELECTRONICALLY FILED 01/29/2026
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1302 Dillon Lake Bnd Leander, TX 78641
	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Anthony E.
	Receipt # Amount
	NICKNAME LAST SUFFIX Just
	Date Processed
	Date Imaged

4 COMMITTEE ADDRESS: ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
1302 Dillon Lake Bnd
Leander, TX 78641

5 CAMPAIGN TREASURER NAME
MS / MRS / MR   FIRST: Anthony E.   MI
NICKNAME   LAST: Just   SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business): STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1302 Dillon Lake Bnd
Leander, TX 78641

7 CAMPAIGN TREASURER MAILING ADDRESS: STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1302 Dillon Lake Bnd
Leander, TX 78641

8 CAMPAIGN TREASURER PHONE: AREA CODE   PHONE NUMBER   EXTENSION
(360) 990-3079

9 REPORT TYPE
[X] Monthly   [ ] 10th day after campaign treasurer termination   [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

[ ] January 5	[ ] April 5	[ ] July 5	[X] October 5
[ ] February 5	[ ] May 5	[ ] August 5	[ ] November 5
[ ] March 5	[ ] June 5	[ ] September 5	[ ] December 5

11 PERIOD COVERED
Month Day Year: 09/04/2025   THROUGH   Month Day Year: 09/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Williamson County Deputies Association PAC.	00080398

14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
(Attach lists on plain paper to complete this report if necessary.)		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) ☐ 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)	$ 0.00
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	$ 6,842.01
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.

Anthony E. Just
_____
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

17 COMMITTEE NAME	**18** Filer ID	(Ethics Commission Filers)
Williamson County Deputies Association PAC.	00080398	

19 SCHEDULE SUBTOTALS

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0.00
2.	[X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	[X] SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	[ ] SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	[ ] SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	[ ] SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
7.	[ ] SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
8.	[ ] SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
9.	[X] SCHEDULE E: LOANS	$ 0.00
10.	[X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 0.00
11.	[X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
12.	[X] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ 0.00
13.	[X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
14.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
15.	[ ] 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

Williamson County Deputies Association PAC.

3 Filer ID   (Ethics Commission Filers)

00080398

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 | **3** Filer ID (Ethics Commission Filers) |
| Williamson County Deputies Association PAC. | 00080398 |

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)