

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) 00051624	2 Total pages filed: 6
3 COMMITTEE NAME Independent Texans PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 651 Bartrop TX 78602		Date Received Received 4/26/2024 4:33pm UP
5 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: MI: NICKNAME: LAST: SUFFIX: LINDA J CURTIS	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 150 S. Shore Rd., Bartrop, TX 78602		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE same		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 657-2089		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 1 / 01 / 24 THROUGH 4 / 24 / 24		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 24	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description: _____	

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)	
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 <i>Kerry Fossler, City Council P. 4, Bastrop</i>	
		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	\$	<i>425.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>925.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>179.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>236.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

16 SIGNATURE 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.

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

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

OR

(2) Unsworn Declaration

My name is LINDA CURTIS, and my date of birth is 1/10/51
My address is 150 S. Shore Rd. Bastrop TX 78602 US
(street) (city) (state) (zip code) (country)
Executed in Bastrop County, State of TX, on the 26 day of January, 2024.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 425
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS AFB	\$ 500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS NA	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION NA	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION NA	\$
6.	<input type="checkbox"/> SCHEDULE C3 : MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION NA	\$
7.	<input type="checkbox"/> SCHEDULE C4 : NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION NA	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION NA	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS NA	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 179
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS NA	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS NA	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD NA	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS NA	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER NA	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Independent Texas PAC</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff (William) Harper</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>150 S. Shore Rd, Bastrop 78602</i>		
8 Principal occupation / Job title (See Instructions) <i>self-employed</i>		9 Employer (See Instructions) <i>Carpenter / handy man</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Independent Texas PAC</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA CURTIS</i>	7 Amount of contribution (\$) <i>\$ 60.00</i>
6 Contributor address; City; State; Zip Code <i>150 S. Shore Rd. Bastrop 78602</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>NA</i>
Date <i>4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Moore</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>804 Pine St., Bastrop, TX 78602</i>		
Principal occupation / Job title (See Instructions) <i>Business Admin</i>		Employer (See Instructions) <i>Ascension Catholic Church</i>
Date <i>4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Wood</i>	Amount of contribution (\$) <i>\$ 40.00</i>
Contributor address; City; State; Zip Code <i>906 Walnut, Bastrop 78602</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>NA</i>
Date <i>4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Smith</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>116 Outfitter Dr, Bastrop 78602</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>NA</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Independant Texans PAC</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/20/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINPA CURTIS</i>	8 Amount of Contribution \$ <i>\$500</i>	9 In-kind contribution description <i>video production</i>
7 Contributor address; City; State; Zip Code <i>150 S. Shore Rd, Pkstop, TX 76002</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>retired</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>NA</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			