#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087606 3 COMMITTEE NAME **OFFICE USE ONLY** West U Residents for Great Leadership Date Received **ELECTRONICALLY FILED** 04/28/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3018 Plumb Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77005 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lee NAME NICKNAME LAST **SUFFIX** Thweatt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3018 Plumb STREET **ADDRESS** (Residence or Business) Houston, TX 77005 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3018 Plumb MAILING **ADDRESS** Houston, TX 77005 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 444-6658 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 04/26/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
West U Residents for Great Leadership		00087606	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by pa	A. Supported Mr. JOHN MONTGOMERY C	ITY COUNCIL	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures     (Describe by date and lo of election and nature of	cation issue.)		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by pa	irty.)		
TOTALS PLEDGES, LO. CONTRIBUTIO	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN ANS, OR GUARANTEES OF LOANS, OR NOS MADE ELECTRONICALLY) report qualifies for the higher itemization threshold	\$	0.00
	TICAL CONTRIBUTIONS  N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,000.00
EXPENDITURE 3. TOTAL UNITED TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLI	TICAL EXPENDITURES	\$	5,750.00
I	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	DAY \$	250.00
	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		<u> </u>	
	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
	Mr. Lee	e Thweatt	
	rer		
AFFIX NOTARY STAMP / SEAL AB	OVE		
	aid, t	his the	day
of, 20, to co	ertify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of offic	er administering oath

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

						Page 3 01 9
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	West U Residents for G	reat Leadership			00087606	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Miss SHANNON CARROLL CI	TY COUNCIL	
	(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.)				
	COMMITTEE	Candidates	A. Supported	Mr. CLAY BRETT CITY COUNG		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		WII. CEAT BILLTE CITT COON	<b>∵</b> 1L	
	(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			
		Officeholders     Assisted     (Identify by name or, if)				
		applicable, classify by party.)	<u> </u>			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Miss SUSAN SAMPLE MAYOR	?	
	(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			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PORPOSE Page 4 of 9  Committee Name Vest U Residents for Great Leadership COMMITTEE Vest U Residents for Great Leadership COMMITTEE ACTIVITY  I Candidates special spe
West U Residents for Great Leadership  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  Mr. JOHN BARNES CITY COUNCIL  B. Opposed  A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed
ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  Mr. JOHN BARNES CITY COUNCIL  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed
Attach lists on plain caper to complete this eport if necessary.)  B. Opposed Mr. JOHN BARNES CITY COUNCIL  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed Mr. JOHN BARNES CITY COUNCIL  3. Officeholders Assisted
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted
B. Opposed  3. Officeholders Assisted
Assisted
(dentify by name or, if applicable, classify by party.)

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					5 of 9
l		EE NAME esidents for Great Leadership	<b>18</b> Filer ID 00087606	(Ethics Comr	nission Filers)
<b>19</b> SC	HEDULI				
NA	ME OF	SUBTO	TAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	5,750.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/9	
2	FILER NAME West U Res	idents for Great Leadership		3 Filer ID (Ethics Commission Filers) 00087606
4	Date 04/17/2023	5 Full name of contributor	:)	7 Amount of Contribution (\$) \$1,000.0
		HOUSTON, TX 77005	_	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	is)
	Date 04/13/2023	Full name of contributor out-of-state PAC (ID# WALLER, JAMES (Mr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.0
	Principal occu	TX upation / Job title (See Instructions)	Employer (See Instruction:	

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) West U Residents for Great Leadership 00087606 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/25/2023 THOMPSON, GREGG (Mr.) \$5,000.00 PRINT ADS 7 Contributor address; City; State; Zip Code HOUSTON, TX 77005 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) LANDSCAPE DESIGN THOMPSON & HANSON 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above The Instruction Guide explains how to complete this form.	<del>;</del> )
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 1/2 Rpt: 8/9	West U Residents for Great Leadership 00087606	
4 Date	5 Payee name	
04/25/2023	AXIOM STRATEGIES	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,750.00	800 W 47TH ST	
Expenditure from corporate funds	KANSAS CITY, MO 64112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	PRINT ADS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to beliefit C/O	MONTGOMERY, JOHN (Mr.) CITY COUNCIL CITY COUNCIL	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
, ,		
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
	T T T T T T T T T T T T T T T T T T T	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

# 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <sub>-</sub> I Co	mmittee	Legal Services	morials Expense		kpense /ages/Contract Labor		ravel Out of Dist OTHER (enter a c	rict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	IE				3 F	iler ID	(Ethics Commission File	ers)
	Sch: 2/2 Rpt: 9/9		West U Re	esidents for (	Great Leadershi	ip		0	0087606		
4	Date	5	Payee name	е							
			(see previo	ous)							
6	Amount (\$)	7	Payee addr	ess; City;	State	; Zip Co	de				
	■ Expenditure from										
┞	corporate funds										
8	PURPOSE	(a)	Category (	See Categories lis	ted at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE						<u>—</u>			lete Schedule T.	
							Check if Aust	in, TX, of	ficeholder living	expense	
9	Complete ONLY if direct		Candidate/Of	fficeholder nar	ne (	Office sou	aht		Office he	ld	
ľ	expenditure to benefit C/O			SUSAN (Miss		MAYOR	giit		MAYOR		
⊢			•	•							