SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
4

3 COMMITTEE NAME

Dave McAllen PAC

OFFICE USE ONLY

Date Received

City Secretary's Offic
Received
Date 10/28/24

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

701 South H St McAllen Tx 78501

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms.   FIRST: Laurel   MI: T

NICKNAME   LAST: McLeaish   SUFFIX

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

701 South H St   McAllen Tx   78501

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

701 South H St   McAllen Tx   7801

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956)   PHONE NUMBER: 342-7278   EXTENSION

9 REPORT TYPE

☐ January 15
☐ July 15

☐ 30th day before election
☒ 8th day before election
☐ Runoff

☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
10/07/2024

THROUGH

Month Day Year
10/28/2024

11 ELECTION

ELECTION DATE
Month Day Year
11/05/2024

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other
☐ General   ☒ Special   Description

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
Save McAllen PAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

- [ ] CANDIDATE
- [ ] OFFICEHOLDER
- [X] MEASURE

SUPPORT (Candidate or Measure) [ ]
OPPOSE (Candidate or Measure) [X]
ASSIST (Officeholder) [ ]

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #
Propositions A & B

ELECTION DATE
Month / Day / Year
11 / 05 / 2024

DESCRIPTION
These Propositions would amend McAllen's charter

15 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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 Laurel Theresa McLeaish, and my date of birth is ███████████.

My address is 701 South 1t St (street), McAllen (city), TX (state), 78501 USA (zip code)(country).

Executed in Hidalgo County, State of Texas, on the 27th day of October (month), 20 24 (year).

_____
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
Dave McAllen PAC	

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
2.	☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ 0
5.	☐ SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ 0
6.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$ 0
7.	☐ SCHEDULE E: LOANS	$ 0
8.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
9.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
10.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
11.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
12.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
13.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
14.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

POLITICAL COMMITTEE
STATEMENT OF DISSOLUTION

FORM **PAC - DR**

1 COMMITTEE NAME

Dane McAllen PAC

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Laurl Theresa M'Leaish

Signature of Campaign Treasurer

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DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED
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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 _Laurel Theresa McLeaigh_, and my date of birth is _▮▮▮▮▮_.

My address is _701 South H St_ , _McAllen_ , _Tx_ , _78501_ .
(street) ____ (city) (state) (zip code)(country)

Executed in _Hidalgo_ County, State of ~~Hidalgo~~ , on the _27_ day of _October_ , 20 _24_ .
(month) (year)

Laurl Theresa McLeaish

Signature of Campaign Treasurer (Declarant)