

# 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:

✓ 7

3 COMMITTEE NAME

Smart Growth Initiative SPAC

OFFICE USE ONLY  
Received

Date Received

JAN 16 2024

Approved \_\_\_\_\_

*David Humphrey*

Date Hand-delivered or Date Postmarked

1-16-2024

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE  
ADDRESS

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

21208 Timber Bluff Ln. Porter TX 77365

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mrs. Cheryl G  
NICKNAME LAST SUFFIX

Willingham

6 CAMPAIGN  
TREASURER  
STREET ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
21208 Timber Bluff Ln. Porter TX 77365

7 CAMPAIGN  
TREASURER  
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
21208 Timber Bluff Ln. Porter TX 77365

☐ Change of Address

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 713 ) 858-4053

9 REPORT TYPE

- ☒ January 15 ☐ 30th day before election ☐ Exceeded Modified Reporting Limit  
☐ July 15 ☐ 8th day before election ☐ Dissolution Report (Attached PAC-FR)  
☐ Runoff ☐ 10th day after campaign treasurer termination

10 PERIOD  
COVERED

Month Day Year Month Day Year  
11 / 28 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year ☐ Primary ☐ Runoff ☒ Other  
05 / 04 / 2024 ☐ General ☐ Special

Description May Uniform

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME  
Smart Growth Initiative SPAC

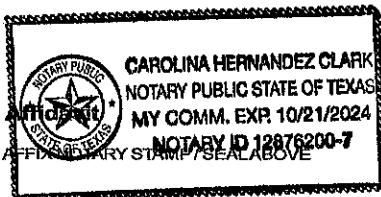
13 Filer ID (Ethics Commission Filers)

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE/OFFICEHOLDER NAME</b> Brenda Webb
	<input checked="" type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> East Montgomery County Improvement District Director, Position #1
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <div style="text-align: right;"> <b>ELECTION DATE</b>            Month / Day / Year         </div>
	<b>DESCRIPTION</b>	

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,040.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 36.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 36.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,004.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*Cheryl G. Willingham*  
Signature of Campaign Treasurer (Declarant)



Please complete either option below:

Sworn to and subscribed before me, by the said *Cheryl G. Willingham*, this the 16 day of JANUARY, 2024, to certify which, witness my hand and seal of office.

*Carolina Hernandez Clark* *Carolina Hernandez Clark* *Notary Public*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)(country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Campaign Treasurer (Declarant)

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME  
Smart Growth Initiative SPAC

13 Filer ID (Ethics Commission Filers)

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

☒ CANDIDATE

☒ OFFICEHOLDER

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

Fred Wetz

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

East Montgomery County Improvement District  
Director, Position #2

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month / Day / Year

DESCRIPTION

15 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street), \_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip code) (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME  
Smart Growth Initiative SPAC

13 Filer ID (Ethics Commission Filers)

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

☒ CANDIDATE

☒ OFFICEHOLDER

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ MEASURE

CANDIDATE/OFFICEHOLDER NAME

Ronald Willingham

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

East Montgomery County Improvement District  
Director, Position #3

BALLOT IDENTIFICATION/#

ELECTION DATE  
Month / Day / Year

DESCRIPTION

15 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME  
Smart Growth Initiative SPAC

13 Filer ID (Ethics Commission Filers)

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

☒ CANDIDATE

☒ OFFICEHOLDER

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

Katherine Persson

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

East Montgomery County Improvement District  
Director, Position #4

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month / Day / Year

DESCRIPTION

15 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
(month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3**

<b>17</b> COMMITTEE NAME Smart Growth Initiative SPAC	<b>18</b> Filer ID (Ethics Commission Filers)
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,040.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input 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 D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME Smart Growth Initiative SPAC		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Phipps <hr/> <b>6</b> Contributor address; City; State; Zip Code 20011 Pinehurst Place Dr. Humble TX 77346	<b>7</b> Amount of contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		