

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: 9 |
| 3 COMMITTEE NAME Smart Growth Initiative SPAC | | <div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received [Signature] <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> Received [Signature] APR 26 2024 Approved @10:37am </div> </div> | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21208 Timber Bluff Ln. Porter TX 77365 | | |
| 5 CAMPAIGN TREASURER NAME | MS / <u>MRS</u> / MR FIRST MI Cheryl G ----- NICKNAME LAST SUFFIX Willingham | | 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 21208 Timber Bluff Ln. Porter TX 77365 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21208 Timber Bluff Ln. Porter TX 77365 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 858-4053 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 03 / 26 / 2024 THROUGH 04 / 24 / 2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 04 / 2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description <u>May Uniform</u> | |

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)

| | | |
|--|--|--|
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> CANDIDATE | CANDIDATE / OFFICEHOLDER NAME Brenda Webb |
| | <input checked="" type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) East Montgomery County Improvement District Director, Position #1 |
| | <input type="checkbox"/> MEASURE | 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) | \$ 2,300.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 79.45 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 12,057.26 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 327.57 |
| 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.

Cheryl G. Willingham
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 Cheryl G. Willingham, and my date of birth is 12-20-1954
 My address is 21208 Timber Bluff Ln, Porter, Tx, 77365
(street) (city) (state) (zip code)(country)
 Executed in Montgomery County, State of Texas, on the 26th day of April, 2024.
(month) (year)

Cheryl G. Willingham
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.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> CANDIDATE | CANDIDATE/OFFICEHOLDER NAME Ronald Willingham |
| | <input checked="" type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) East Montgomery County Improvement District Director, Position #3 |
| | <input type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # <div style="text-align: right;"> ELECTION DATE Month Day Year / / </div> |
| | | 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.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE | CANDIDATE / OFFICEHOLDER NAME Katherine Persson OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) East Montgomery County Improvement District Director, Position #4 BALLOT IDENTIFICATION / # _____ ELECTION DATE <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> / / 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____.

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

**FORM SPAC
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 | | \$ 2,300.00 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 11,977.81 |
| 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.

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Smart Growth Initiative SPAC | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terra Hallmark 6 Contributor address; City; State; Zip Code 23846 Northcrest Trl. New Caney TX 77357 | 7 Amount of contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holger Butzelar Contributor address; City; State; Zip Code 22907 Moselle Dr. Porter TX 77365 | Amount of contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Smart Growth Initiative SPAC | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/01/2024 | 5 Payee name Tractor Supply | |
| 6 Amount (\$) \$152.31 | 7 Payee address; 23741 US Hwy 59 | City; State; Zip Code Porter TX 77365 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign Sign Supplies - T-poles |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Brenda Webb Ronald Willingham Fred Wetz Katherine Persson | Office sought Office held Director Director |
| Date 4/03/2024 | Payee name Absolute Color Mailplex | |
| Amount (\$) \$5,304.78 | Payee address; 11101 Ella Blvd. | City; State; Zip Code Houston TX 77067 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Mailout, Business Cards & Push Cards |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Brenda Webb Ronald Willingham Fred Wetz Katherine Persson | Office sought Office held Director Director |
| Date 4/15/2024 | Payee name Tractor Supply | |
| Amount (\$) \$369.53 | Payee address; 23741 US Hwy 59 | City; State; Zip Code Porter TX 77365 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign Sign Supplies - T-poles Tent supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Brenda Webb Ronald Willingham Fred Wetz Katherine Persson | Office sought Office held Director Director |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Smart Growth Initiative SPAC | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/16/2024 | 5 Payee name Decisive Campaigns LLC | |
| 6 Amount (\$) \$983.20 | 7 Payee address; City; State; Zip Code 5003 Hurston Park Trail Rosharon TX 77583 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Registered Voter Data Report |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Brenda Webb Ronald Willingham Fred Wetz Katherine Persson | Office sought Office held Director Director |
| Date 04/23/2024 | Payee name Absolute Color Mailplex | |
| Amount (\$) \$5,167.99 | Payee address; City; State; Zip Code 11101 Ella Blvd. Houston TX 77067 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Mailout & Push Cards |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Brenda Webb Ronald Willingham Fred Wetz Katherine Persson | Office sought Office held Director Director |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED