

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

Supporters of proposed Sales Tax Election for Emergency Services District #3

OFFICE USE ONLY

Date Received

FILED FOR RECORD

At 12:52 o'clock P M

APR 24 2026

Kari French, Walker County, Texas
by *[Signature]* Deputy

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

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

Change of Address

[Redacted]

Receipt #

Amount \$

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mr. Justin

NICKNAME LAST SUFFIX

Baack

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE

[Redacted]

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

[Redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

[Redacted]

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

3/24/2026 THROUGH 4/22/2026

11 ELECTION

ELECTION DATE

Month Day Year

5/2/2026

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
Supporters of proposed Sales Tax Election for Emergency Services District #3

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

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year
/ / 5/2/2026

DESCRIPTION
Special Election - Sales Tax Election for Emergency Services District #3

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)	\$ 2,493.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,493.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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 Justin Baack, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code)(country)

Executed in Walker County, State of Texas, on the 24 day of April, 20 26.
(month) (year)


Signature of Campaign Treasurer (Declarant)

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 Supporters of proposed Sales Tax Election for Emergency Services District #3		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Kari French	7 Amount of contribution (\$) \$ 28.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Police Officer / County Clerk		9 Employer (See Instructions) City of Huntsville / Walker County
Date 4/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Kari French	Amount of contribution (\$) \$ 1,050.38
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Police Officer / County Clerk		Employer (See Instructions) City of Huntsville / Walker County
Date 4/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Kari French	Amount of contribution (\$) \$ 1,415.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Police Officer / County Clerk		Employer (See Instructions) City of Huntsville / Walker County
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.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Supporters of proposed Sales Tax Election for Emergency Services District #3	3 Filer ID. (Ethics Commission Filers)
4 Date 4/1/2026	5 Payee name Walker County Tax Assessor	
6 Amount (\$) \$ 28.00	7 Payee address; City; State; Zip Code [REDACTED] <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description List of Voters
	(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	Office sought Office held

Date 4/9/2026	Payee name Vista Print		
Amount (\$) \$ 1,050.38	Payee address; City; State; Zip Code [REDACTED] <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailout and Postage	
	<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

Date 4/14/2026	Payee name Tangent Signs		
Amount (\$) \$ 1,415.00	Payee address; City; State; Zip Code [REDACTED] <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Road Signs and Banners	
	<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