

**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:

6

3 COMMITTEE NAME

Waller County Roads Now

OFFICE USE ONLY

Date Received

Waller Co. Elections

JAN 18 2024

RECEIVED

4 COMMITTEE ADDRESS

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

Change of Address

PO Box 748 Hempstead,  
TX 77445

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Walter Peter  
NICKNAME LAST SUFFIX

Sass

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

19500 Park Row Ste Houston, TX  
DR 100 77084

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

PO Box 308 Barker, TX  
77413

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 579-7300

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 / 1 / 23

THROUGH

12 / 31 / 23

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description \_\_\_\_\_

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

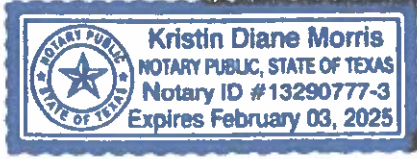
**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME Waller County Roads Now 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 type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / # <span style="float: right;">ELECTION DATE</span> <span style="float: right;">Month Day Year</span> / /
		DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>39,793.68</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>21,969.08</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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]  
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 Walter SASS, this the 31st day of December 2023, to certify which, witness my hand and seal of office.

Kristin D. Mauff Kristin Morris Admin  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**(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**

17 COMMITTEE NAME <b>Waller County Roads NOW</b>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ $\emptyset$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ $\emptyset$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ $\emptyset$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 8,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ $\emptyset$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ $\emptyset$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ $\emptyset$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 39,793.08
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ $\emptyset$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ $\emptyset$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ $\emptyset$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ $\emptyset$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ $\emptyset$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ $\emptyset$

**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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 C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
11/1/23	West Belt Surveying Inc ..... 6 Corporation / Labor Organization address; City; State; Zip Code 21020 Park Row Dr. Katy, TX 77449	1,250 <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/2/23	Brooks & Sparks Inc ..... Corporation / Labor Organization address; City; State; Zip Code 21020 Park Row Dr. Katy, TX 77449	1,250 <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/2/23	BGE Inc ..... Corporation / Labor Organization address; City; State; Zip Code 10777 Westheimer Houston, TX #400 77042	2,500 <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/2/23	Weisser Engineering Surveying ..... Corporation / Labor Organization address; City; State; Zip Code PO Box 386 Barker, TX 77413	1,000 <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/6/23	Klotz Associates Inc DBA RPS ..... Corporation / Labor Organization address; City; State; Zip Code 1160 Dairy Ashford #700 Houston, TX 77079	2,500 <sup>00</sup>

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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Waller County Roads Now</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/2/23</b>	5 Payee name <b>Advocacy Architects</b>	
6 Amount (\$) <b>3,500.00</b>	7 Payee address; City; State; Zip Code <b>112 Renaissance Cir Mauldin, 29662 SC</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Voter education campaign</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/10/23</b>	Payee name <b>TSC Tractor Supply CO</b>	
Amount (\$) <b>41.12</b>	Payee address; City; State; Zip Code <b>27400 Tomball Parkway, TX 77375</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>materials for signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/20/23</b>	Payee name <b>The Richty Law Firm, P.C.</b>	
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>12112 Anderson mill Rd 120 Austin, TX 78750</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Legal SVS</b>	Description <b>EIN number</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | 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: <b>2</b>	2 FILER NAME <b>Waller County Roads Now</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/26/23</b>	5 Payee name <b>CD &amp; P</b>
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6 Amount (\$) <b>2,580.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 5459 AUSTIN, TX 78763</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/26/23</b>	Payee name <b>CD &amp; P</b>
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Amount (\$) <b>20,808.97</b>	Payee address; City; State; Zip Code <b>PO BOX 5459 AUSTIN, TX 78763</b>
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<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/26/23</b>	Payee name <b>CD &amp; P</b>
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Amount (\$) <b>12,513.59</b>	Payee address; City; State; Zip Code <b>PO BOX 5459 AUSTIN, TX 78763</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>Ads + website</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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