#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066420 3 COMMITTEE NAME **OFFICE USE ONLY Delisi Communications PAC** Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1210 Nueces St. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. **Thomas** NAME NICKNAME LAST **SUFFIX** Delisi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1210 Nueces St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1210 Nueces St. MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 348-6680 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Delisi Communications	Delisi Communications PAC				
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Will Metcalf State Representa	tive		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,375.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,335.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,587.36	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			<u>'</u>		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Tho	mas Delisi		
		Signature of Ca	ımpaign Treasure	r	
AFFIX NOTARY	/ STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said	, t	his the	day	
		which, witness my hand and seal of office.			
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	r administering oath	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC ADDENDUM

Page 3 of 14

						Fage 3 01 14
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications				00066420	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Juan Hinojosa State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representat	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 4 of 14

						1 ago 1 01 1 1
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dawn Buckingham Land Comm	I issioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	7 ii Gapportoa			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Phil King State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tim rang State Schatch		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Matt Shaheen State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		applicable, classily by party.)				

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 5 of 14

									r ago o or ± r
12	COMMITTEE NAME						13 Filer ID	(Ethics Cor	nmission Filers)
	Delisi Communications	PAC					00066420		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed	Jeff Leach State Repre	esentative			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
			B. Oppose	d					
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)							
	COMMITTEE	1. Candidates	A. Support	ed	Christi Craddick Railro	ad Comm	nissioner		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		.00	Omisi Cradick Ramo	ad Comm	ii33i0riei		
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
			B. Oppose	d					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		ed	Dustin Burrows State F	Represent	tative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
			B. Oppose	d					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
		Assisted (Identify by name or, if							

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

				Page 6 01 14
			13 Filer ID	(Ethics Commission Filers)
PAC			00066420	
1. Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris State Representa	ttive	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates     (Identify by name or, if applicable, classify by party.)		Romero Ramon State Repres	entative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Romero Ramon State Repres  A. Supported  Romero Ramon State Repres  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed	PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Romero Ramon State Representative  A. Supported Romero Ramon State Representative  B. Opposed  A. Supported Romero Ramon State Representative  B. Opposed  A. Supported Romero Ramon State Representative  B. Opposed  B. Opposed  A. Supported Romero Ramon State Representative  B. Opposed  B. Opposed

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

			JVER SHEE	7 of 14					
	17 COMMITTEE NAME Delisi Communications PAC  18 Filer ID (Ethics Commission Filers) 00066420								
19 SCHEDU NAME O	SUBTOTAL	AMOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,375.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$						
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$						
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	13,335.00					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	WONEI	ARY POLITICAL (	CONTRIBUTIO	CNIV	SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	1 Total pages Schedule A1: Sch: 1/2 Rpt: 8/14			
2	FILER NAME Delisi Comm	unications PAC			3 Filer ID (Ethics Commissi 00066420	on Filers)
4	Date 07/18/2023	<ul><li>5 Full name of contributor Delisi, Thomas (Mr.)</li><li>6 Contributor address; City; S</li></ul>		)	7 Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
8	Principal occu President	pation / Job title (See Instruction	s)	9 Employer (See Instructions Delisi Communications,		
	Date 08/01/2023	Full name of contributor Delisi, Thomas (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	(2	Employer (See Instructions		
	President	pation 7 300 title (See instruction	3)	Delisi Communications,		
	Date 10/03/2023	Full name of contributor Delisi, Thomas (Mr.)  Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$1,500.00
	Dringing! aggs	Austin, TX 78701	a) I	Employer (See Instructions		
	Principal occu President	pation / Job title (See Instruction	5)	Delisi Communications,		
	Date 10/17/2023	Full name of contributor Delisi, Thomas (Mr.)  Contributor address; City; S  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instruction	s)	Employer (See Instructions Delisi Communications,		
	Date 11/01/2023	Full name of contributor Delisi, Thomas (Mr.) Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instruction	s)	Employer (See Instructions Delisi Communications,		
				2222222		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 9/14	
2	FILER NAME Delisi Comm	nunications PAC			3	Filer ID (Ethics Commissi 00066420	on Filers)
4	Date 11/07/2023	<ul><li>5 Full name of contributor Delisi, Thomas (Mr.)</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions			
	President			Delisi Communications,	In	C.	
	Date 11/15/2023	Full name of contributor Delisi, Thomas (Mr.) Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$275.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	President			Delisi Communications,	In	C.	
	Date 12/06/2023	Full name of contributor Delisi, Thomas (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	President	(	,	Delisi Communications,		C.	
	Date 12/18/2023	Contributor address; City; St		)		Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701	1				
	Principal occu President	pation / Job title (See Instructions	)	Employer (See Instructions Delisi Communications,	•	C.	
	Date 12/29/2023	Full name of contributor Delisi, Thomas (Mr.)  Contributor address; City; St  Austin, TX 78701	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,100.00
	Principal occu	I pation / Job title (See Instructions	)	Employer (See Instructions	<u></u>		
	President			Delisi Communications,		С.	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1: Sch: 1/5 Rpt: 10/14	2	FILER NAME Delisi Communications PAC		3 Filer ID (Ethics Commission Filers) 00066420
4	Date 07/17/2023	5	Payee name Bill Cassidy for US Senate		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip City; PO Box 80505	ode	
	Expenditure from corporate funds		Baton Rouge, LA 70898-0505		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	Office held
	Date 07/27/2023		Payee name Christi Craddick Campaign		
	Amount (\$) \$500.00  Expenditure from corporate funds		Payee address; City; State; Zip Co 3112 Windsor, Ste A PMB 505 Austin, TX 78703	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
	Date 11/10/2023 Amount (\$)		Payee name Cody Harris for State Representative Payee address; City; State; Zip C	ode	
	\$500.00  Expenditure from corporate funds		1007 N Mallard St Palestine, TX 75801		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ight	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Travel in Dis Travel Out o Ontract Labor OTHER (en

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/14	Delisi Communications PAC	00066420
4 Date	5 Payee name	<b>'</b>
10/13/2023	Dawn Buckingham Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,000.00	PO Box 342524	
·		
Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contribution
		Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lght Office held
expenditure to benefit C/O		gni. Office field
2 .	Г	
Date	Payee name	
10/27/2023	Dustin Burrows Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	10507 Quaker Ave, Ste 103	
Expenditure from		
corporate funds	Lubbock, TX 79424	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contribution
		Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sou	lght Office held
expenditure to benefit C/O		gni. Onice neid
Date	Payee name	
07/17/2023	Jeff Leach Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	800 Glen Rose Dr.	
Expenditure from		
corporate funds	Allen, TX 75013	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contribution
		Campaign Continuation
Complete CNII V if direct	Candidate/Officeholder name Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		omice field

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 12/14	Delisi Communications PAC	00066420
4 Date	5 Payee name	
12/14/2023	Matt Shaheen Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$1,000.00	3917 Malton Dr.	
Expenditure from corporate funds	Plano, TX 75025	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Jine Hold
5 .		
Date	Payee name	
10/31/2023	Phil King Campaign	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1,000.00	P.O. Box 1913	
Evnanditura from		
Expenditure from corporate funds	Weatherford, TX 76086-9928	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experientare to benefit 6/61	<u>'</u>	
Date	Payee name	
11/02/2023	Ramon Romero Campaign	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$300.00	PO Box 181	
Expenditure from corporate funds	Fort Worth, TX 76101	
PURPOSE	(2) 0	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total pages Calculute 54	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 4/5 Rpt: 13/14	2 FILER NAME  Delisi Communications PAC  3 Filer ID (Ethics Commission Filers)  00066420
4 Date	5 Payee name
12/04/2023	Senator Hinojosa Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1508 S. Lone Star Way Ste 5B
Expenditure from corporate funds	Edinburg, TX 78539
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/30/2023	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3373-I Westheimer Rd. Box 40
Expenditure from	
corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/04/2023	Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	445 Cape Henry
, , ,	
Expenditure from	Corpus Christi, TX 78412
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District - Committee 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:	
Sch: 5/5 Rpt: 14/14	Delisi Communications PAC 00066420
4 Date	5 Payee name
09/27/2023	Will Metcalf Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held