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) 00084962 3 COMMITTEE NAME **OFFICE USE ONLY** The Charles Butt Public Education Political Action Committee Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 6033 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78209 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Charles NAME NICKNAME LAST **SUFFIX** Clines STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 6033 STREET **ADDRESS** (Residence or Business) San Antonio, TX 78209 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 6033 MAILING **ADDRESS** San Antonio, TX 78209 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 585-4246 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public	Education Political Ac	tion Committee	0008496	2
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Keith Bell State Represer	ntative	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,300,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	609,477.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	10,924,857.61
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Char	les Clines	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

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The Charles Butt Public Education Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Rep. Justin Holland State Representative Rep. Rep. Rep. Rep. Rep. Rep. Rep. Rep.	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed Rep. Rafael Anchia State Representative (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Rafael Anchia State Representative (Identify by name or, if applicable, classify by party.) A. Supported Rep. Rafael Anchia State Representative (Identify by name or, if applicable, classify by party.) A. Supported A. Supported A. Supported	4962
paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Rep. Rafael Anchia State Representative (Describe by date and location of election and location election elect	;
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Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Rep. Toni Rose State Representative	
(Attach lists on plain paper to complete this report if necessary.)	
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.)	

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public Ed	ucation Political Act	tion Committ	tee	00084962	
ACTIVITY	Candidates A. entify by name or, if licable, classify by party.)	. Supported	Rep. John Bryant State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)	В.	. Opposed			
(De	Measures A. scribe by date and ation of election and ure of issue.)	. Supported			
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(Ide	Officeholders Assisted entify by name or, if licable, classify by party.)				
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ACTIVITY	entify by name or, if licable, classify by party.)	. Supported	Sen. Noyce West State Senai	Oi	
(Attach lists on plain paper to complete this report if necessary.)	В.	. Opposed			
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(Attach lists on plain paper to complete this report if necessary.)	B.	. Opposed			
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COMMITTEE NAME					13 Filer ID	(Edition Committee Edition)
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The Charles Butt Public	Education Political A	Action Com	mitte	ee	00084962	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ed	Rep. Glenn Rogers State Repre	sentative	
(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.)					
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ACTIVITY	(Identify by name or, if applicable, classify by party.)		cu	Nep. Gary Varibeaver State Ne	presentative	
(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	A. Support	ed	Rep. Drew Darby State Represe	entative	
(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.)					
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MITTEE NAME Charles Butt Public MITTEE VITY ch lists on plain r to complete this t if necessary.)	2. Measures (Describe by date and	A. Supported B. Opposed	tee Rep. Charlie Geren State Repre	13 Filer ID 00084962 esentative	(Ethics Commission Filers)
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	location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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VITY	(Identify by name or, if applicable, classify by party.)		g		
ch lists on plain r to complete this t 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.)				
	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Trent Ashby State Repres	entative	
to complete this		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
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	Officeholders Assisted (Identify by name or, if applicable classify by name)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Charles Butt Public	Education Political	Action Commit	ttee	00084962	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. John Kuempel State Repre	esentative	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repre	sentative	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Brooks Landgraf State Rep	presentative	
	(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, classify by party.)				

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The Ch					13 Filer ID	(Ethics Commission Filers)
	narles Butt Public	Education Political	Action Commit	tee	00084962	
14 COMMI ACTIVIT		1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Reggie Smith State Repre	esentative	
paper to	lists on plain complete this 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.)				
COMMI		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. David Spiller State Repres	sentative	
paper to	lists on plain complete this 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.)				
COMMI ACTIVIT		Candidates (Identify by name or, if applicable, classify by party.)		Rep. Hugh Shine State Represe	entative	
paper to	lists on plain complete this 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.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Charles Butt Public	Education Political	Action Commit	ttee	00084962	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Travis Clardy State Repre	sentative	
	(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	1. Candidates	A. Supported	Rep. Jay Dean State Represent	tative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nop. day Beam State Represent	idiive	
	(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	Rep. Angela Orr State Represe	ntative	
	(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.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Charles Butt Public	Education Political	Action Commit	ttee	00084962	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Steve Allison State Repr	esentative	
	(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.)		Rep. DeWayne Burns State R	epresentative	
	(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.)		Rep. Ana Hernandez State Re	epresentative	
	(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				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public	Education Political	Action Commit	tee	00084962	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Armando Walle State Rep	resentative	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Gina Hinojosa State Repre	esentative	
(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.)		Rep. James Talarico State Rep.	resentative	
(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.)				

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				13 Filer ID (Ethics Commission Filers)
The Charles Butt Public	Education Political	Action Commit	tee	00084962
	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Erin Zweiner State Repres	entative
paper to complete this		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.)		Rep. Trey Martinez Fischer Stat	e Representative
paper to complete this		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.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Robert Nichols State Sena	itor
paper to complete this		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 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	The Charles Butt Public Education Political ACOMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted	The Charles Butt Public Education Political Action Commit COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed	The Charles Butt Public Education Political Action Committee COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.)

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public	Education Political	Action Commit	ttee	00084962	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Morgan LaMantia State Se	enator	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Charles Perry State Senato	or	
(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.)		Sen. Jose Menendez State Sen	ator	
(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.)				
	1	L			

FORM GPAC ADDENDUM

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COMMITTEE NAME The Charles Butt Public COMMITTEE	Education Political A	Action Commit	tee	13 Filer ID	(Ethics Commission Filers)
	Education Political A	Action Commit	too	00004000	
COMMITTEE				00084962	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Roland Gutierrez State Se	nator	
Attach lists on plain paper to complete this eport 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Carol Alvarado State Sena	itor	
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.)		Rep. Erin Gamez State Represe	entative	
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.)				
	Attach lists on plain aper to complete this eport if necessary.) COMMITTEE COTIVITY Attach lists on plain aper to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 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.) COMMITTEE (CTIVITY Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 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.) 3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)	(Describe by date and location of election and nature of issue.) 3. Officeholders	(Describe by date and location of election and nature of ssue.) 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of ssue.) 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 2. Measures (Describe by date and location of election and nature of ssue.) 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted (Mentify by name or, if applicable, classify by parry.) B. Opposed	Content of lection and nature of ssue.)

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public	Education Political A	Action Commit	ttee	00084962	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Salman Bhojani State Rep	resentative	
(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.)		Rep. John Bucy III State Repres	sentative	
(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.)		Rep. Nicole Collier State Repres	sentative	
(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.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public	Education Political A	Action Commit	ttee	00084962	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ramon Romero Jr. State F	Representative	
(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.)		Rep. Mary Gonzalez State Repr	resentative	
(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.)		Sen. Cesar Blanco State Senato	or	
(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.)				
	The Charles Butt Public COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	The Charles Butt Public Education Political ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	The Charles Butt Public Education Political Action Commit COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 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.) 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.) COMMITTEE ACTIVITY 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.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted B. Opposed	The Charles Butt Public Education Political Action Committee COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 2. Measures (Describe by date and plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Describe by date and plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Rep. Mary Gonzalez State Reprior of the property of the paper to complete this report if necessary.) B. Opposed A. Supported Describe by date and location of election and repricable, classify by party.) B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Describe this report if necessary.) B. Opposed B. Opposed	The Charles Butt Public Education Political Action Committee COMMITTEE ACTIVITY Committee

FORM GPAC ADDENDUM

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						1 ago 11 01 00
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
The Charles Butt Public Ed	ducation Political A	Action Commit	tee		00084962	
ACTIVITY (Id	Candidates entify by name or, if plicable, classify by party.)	A. Supported	Sen. Judith Zaffarini Sta	ate Senat	or	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted entify by name or, if plicable, classify by party.)					
COMMITTEE 1.	Candidates	A. Supported	Sen. Juan Hinojosa Stat	te Senato	or	
ACTIVITY (Id	entify by name or, if plicable, classify by party.)		,			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted entify by name or, if plicable, classify by party.)					
COMMITTEE 1. ACTIVITY ((d		A. Supported	Rep. Eddie Morales Sta	te Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted entify by name or, if plicable, classify by party.)					

FORM GPAC ADDENDUM

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				13 Filer ID	(Ethics Commission Filers)
Education Political A	Action Commit	tee		00084962	
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Frederick Frazier St	State Rep	presentative	
	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.)					
<u> </u>	A Cupported	Don Vranda Thimasal C	Ctata D-	unropontati is	
(Identify by name or, if		kep. Kronda Trilmesch S	Siale Re	presentative	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
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 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 A. Supported B. Opposed B. Opposed	(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 Rep. Kronda Thimesch S Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported 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 Rep. Kronda Thimesch State Reference of the party of	Education Political Action Committee 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 A. Supported Rep. Kronda Thimesch State Representative Rep. Kronda Thimesch State Representative B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM **GPAC** COVER SHEET PG 3

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					19 01 55
17 COMMITTEE NAME 18 Filer ID 2009/4053					ics Commission Filers)
The	Chari	es Butt Public Education Political Action Committee	00084962		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,300,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	609,267.94
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	200,025.09
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	210.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	162,681.92

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 20/55
2	FILER NAME The Charles Butt Public Education Political Action Committee	3 Filer ID (Ethics Commission Filers) 00084962
4	Date 09/06/2023 5 Full name of contributor out-of-state PAC (ID#:) Butt, Charles 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$300,000.
	San Antonio, TX 78209	
8	Principal occupation / Job title (See Instructions) Chairman 9 Employer (See Instruction HEB	ns)
	Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Butt, Charles Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000,000.
	Principal occupation / Job title (See Instructions) Chairman Employer (See Instruction) HEB	l ns)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/27 Rpt: 21/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
09/26/2023	ANA HERNANDEZ CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	1233 MERCURY DR
Expenditure from corporate funds	HOUSTON, TX 77029
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/26/2023	ARMANDO WALLE CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	150 W. PARKER RD
	SUITE 700
Expenditure from corporate funds	HOUSTON, TX 77076
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
09/05/2023	Angela Orr Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 113
Expenditure from corporate funds	Itasca, TX 76055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Candidate/Officeholder/Politica Credit Card Payment		
orean oura r ayment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/27 Rpt: 22/55	The Charles Butt Public Education Political Action 00084962	
4 Date	5 Payee name	П
09/26/2023	Angela Orr Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$5,000.00	P.O. Box 113	
Expenditure from corporate funds	Itasca, TX 76055	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Committee Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	1	
Date	Payee name	=
09/05/2023	BROOKS LANDGRAF CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	_
\$10,000.00	119 W. 4TH ST	
	SUITE 206	
Expenditure from	ODESSA, TX 79761	
corporate funds		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Committee Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	-	
Date	Payee name	=
09/26/2023	CAROL ALVARADO CAMPAIGN	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	4450 HARRISBURG	
Expenditure from	SUITE 436	
corporate funds	HOUSTON, TX 77011	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Committee Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		4

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 complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/27 Rpt: 23/55 The Charles Butt Public Education Political Action 00084962 4 Date Payee name 09/26/2023 CESAR BLANCO CAMPAIGN 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 9440 VISCOUNT BLVD SUITE 205 Expenditure from EL PASO, TX 79925 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2023 CHARLES PERRY CAMPAIGN Amount (\$) Payee address; City; State; Zip Code \$10,000.00 11003 QUAKER AVE SUITE 101 Expenditure from LUBBOCK, TX 79424 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 CHARLIE GEREN CAMPAIGN Amount (\$) Payee address: City: State; Zip Code \$10,000.00 6713 TELEPHONE RD SUITE 305 Expenditure from LAKE WORTH, TX 76135 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/27 Rpt: 24/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
12/13/2023	CHARLIE GEREN CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	6713 TELEPHONE RD
	SUITE 305
Expenditure from corporate funds	LAKE WORTH, TX 76135
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
O Commission ONLLY if dispose	Condidate/Office holds
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2023	DAVID SPILLER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 2910
Expenditure from corporate funds	AUSTIN, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/26/2023	DEWAYNE BURNS CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	115 S. MAIN ST
	SUITE 202
Expenditure from corporate funds	CLEBURNE, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/27 Rpt: 25/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
12/13/2023	DEWAYNE BURNS CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	115 S. MAIN ST
	SUITE 202
Expenditure from corporate funds	CLEBURNE, TX 76033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2023	DREW DARBY CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	36 W BEAUREGARD
. ,	SUITE 517
Expenditure from	
corporate funds	SAN ANGELO, TX 76903
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Committee Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	DREW DARBY CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	36 W BEAUREGARD
	SUITE 517
Expenditure from corporate funds	SAN ANGELO, TX 76903
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ere.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 6/27 Rpt: 26/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date	5 Payee name
09/26/2023	EDDIE MORALES CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	100 S. MONROE ST
Expenditure from corporate funds	EAGLE PASS, TX 78852
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2023	ERIN GAMEZ CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	777 E Harrison St
Expenditure from	Proumoville TV 70520
corporate funds	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2023	ERIN ZWEINER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 301074
Expenditure from	
corporate funds	AUSTIN, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gifts

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memoria Legal Services		Printing Ex Printing Ex Salaries/W	kpens			Travel Out of Dis	strict category not listed at	oove)
		_		The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/27 Rpt: 27/55		The Charles	Butt Public E	ducation Pol	litical Act	ion			00084962		
4	Date	5	Payee name									
	09/05/2023		ERNEST BA	AILES CAMPA	IGN							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$10,000.00		1414 11TH	-		•						
	Expenditure from corporate funds		HUNTSVILL	E, TX 77340								
8	PURPOSE	(a)	Category (Se	ee Categories listed a	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations M	,						plete Schedule T.	
	EXI ENDITORE		Candidate/C	Officeholder/Po	litical Comm	nittee		—		officeholder living		
								Committee C	am	paign Contr	ibution	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	Date		Payee name									
	12/13/2023		ERNEST BA	AILES CAMPA	IGN							
	Amount (\$)	┢	Payee addres	ss; City;	State	e; Zip Co	de					
	\$10,000.00		1414 11TH	•		·, _p						
	410,000.00		111111111	0.								
	Expenditure from corporate funds		HUNTSVILL	E, TX 77340								
	PURPOSE	(a)	Category (Se	ee Categories listed a	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	•			=			plete Schedule T.	
			Candidate/C	Officeholder/Po	litical Comn	nittee		ш		officeholder living		
								Committee C	am	paign Contr	ibution	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	Date		Payee name									
	09/26/2023		Frederick Fr	razier Campaiç	gn							
	Amount (\$)	H	Payee addres	ss; City;	State	e; Zip Co	de					
	\$2,500.00		,	ado Parkway		·, _p						
	Ψ2,000.00		Suite 100	ado i antiraj								
Г	Expenditure from			FV 75070								
	☐ corporate funds		McKinney, 7	1 X 75070								
	PURPOSE OF	(a)		ee Categories listed a		hedule)	(b)	Description				
	EXPENDITURE			ns/Donations M		:					plete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Comn	nittee		Committee C		officeholder living		
								Committee C	an	paigii Coilli	ibuliOH	
	Complete ON II V If allow	<u> </u>	Opendidet - 10 m			Office	au le 4			O#:!	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Januluate/Offi	ceholder name	(Office sou	ynt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/27 Rpt: 28/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
09/05/2023	GARY VANDEAVER CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	710 JAMES BOWIE DRIVE
Expenditure from corporate funds	NEW BOSTON, TX 75570
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Committee Campaign Contribution
	The state of the s
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	GARY VANDEAVER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	710 JAMES BOWIE DRIVE
Ψ10,000.00	710 0 UNES BOWNE BILLYE
Expenditure from corporate funds	NEW BOSTON, TX 75570
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Carididate/Oncerioide//Political Committee Committee Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	GINA HINOJOSA CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 2910
Expenditure from corporate funds	AUSTIN, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Committee Committee Committee Campaign Contribution
	Sampaign Sampaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/27 Rpt: 29/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
09/05/2023	GLENN ROGERS CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	100 E HUBBARD STREET
Expenditure from corporate funds	MINERAL WELLS, TX 76067
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Committee Campaign Contribution
	Committee Campaign Continuation
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	GLENN ROGERS CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	100 E HUBBARD STREET
Expenditure from corporate funds	MINERAL WELLS, TX 76067
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/05/2023	HUGH SHINE CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 793
Expenditure from corporate funds	TEMPLE, TX 76503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/27 Rpt: 30/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date	5 Payee name
12/13/2023	HUGH SHINE CAMPAIGN
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code P.O. BOX 793
Expenditure from corporate funds	TEMPLE, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	JAMES TALARICO CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1901 E. PALM VALLEY BLVD
Ψ10,000.00	1301 E. I ALIW VALLET BEVB
Expenditure from corporate funds	ROUND ROCK, TX 78664
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2023	JAY DEAN CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	101 E METHVIN
Ψ10,000.00	
Expenditure from	SUITE 103
corporate funds	LONGVIEW, TX 75601
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (en	ter a category not listed above)
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 11/27 Rpt: 31/55	The Charles Butt Public Education Political Action 0008496	52
4 Date	5 Payee name	
12/13/2023	JAY DEAN CAMPAIGN	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,000.00	101 E METHVIN	
•	SUITE 103	
Expenditure from	LONGVIEW, TX 75601	
corporate funds	<u> </u>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas.	Complete Calcadula T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. (Check if Austin, TX, officeholder I	·
	Committee Campaign Co	
9 Complete ONLY if direct		e held
expenditure to benefit C/OI	H .	
Date	Payee name	
09/30/2023	JEFFERSON BANK	
Amount (\$)	Payee address; City; State; Zip Code	
\$20.00	P.O. BOX 5190	
Expenditure from corporate funds	SAN ANTONIO, TX 78201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking	·
_/	Check if Austin, TX, officeholder I	iving expense
	Committee Bank Fees	
Complete ONLY if direct	Condidate Office halder name Office accepts	a la alai
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e held
	<u> </u>	
Date	Payee name	
12/18/2023	JEFFERSON BANK	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	P.O. BOX 5190	
Expenditure from corporate funds	SAN ANTONIO, TX 78201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas.	Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder I	iving expense
	Committee Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e held
SAPORARIO TO BOTTON O/OI	••	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/27 Rpt: 32/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
07/03/2023	JEFFERSON BANK
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,918.47	P.O. BOX 5190
Expenditure from corporate funds	SAN ANTONIO, TX 78201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fee
	Daille 1 de
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/01/2023	JEFFERSON BANK
Amount (\$)	Payee address; City; State; Zip Code
\$1,967.70	P.O. BOX 5190
Expenditure from	
corporate funds	SAN ANTONIO, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fee
	Dank i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
09/01/2023	JEFFERSON BANK
Amount (\$)	Payee address; City; State; Zip Code
\$1,925.78	P.O. BOX 5190
Expenditure from	
corporate funds	SAN ANTONIO, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EX. ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete CNII V if direct	Candidate/Officeholder name Office county Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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 complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/27 Rpt: 33/55	The Charles Butt Public Education Political Action 00084962	
4 Date	5 Payee name	_
10/02/2023	JEFFERSON BANK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,869.89	P.O. BOX 5190	
Expenditure from corporate funds	SAN ANTONIO, TX 78201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bank Fee	
	Dalk ree	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	—
expenditure to benefit C/O	the state of the s	
Date	Payee name	_
11/01/2023	JEFFERSON BANK	
Amount (\$)		
\$1,834.84		
Ψ1,004.04	1.0. BOX 3130	
Expenditure from corporate funds	SAN ANTONIO, TX 78201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Bank Fee	
Complete ONII V if divest	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Dete		_
Date 12/01/2023	Payee name JEFFERSON BANK	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,947.13	P.O. BOX 5190	
Expenditure from	CAN ANTONIO TV 70201	
corporate funds	SAN ANTONIO, TX 78201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Bank Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Н	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/27 Rpt: 34/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
08/01/2023	JEFFERSON BANK
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13,458.68	P.O. BOX 5190
Expenditure from corporate funds	SAN ANTONIO, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Committee Investment Management Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/23/2023	JEFFERSON BANK
Amount (\$)	
\$13,225.49	P.O. BOX 5190
Expenditure from corporate funds	SAN ANTONIO, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Committee Investment Management Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/25/2023	JEFFERSON BANK
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	P.O. BOX 5190
Expenditure from	
corporate funds	SAN ANTONIO, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Committee Tax Administration & Accounting Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 15/27 Rpt: 35/55	The Charles Butt Public Education Political Action 00084962	_
4 Date 08/15/2023	5 Payee name JOHN BRYANT CAMPAIGN	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$10,000.00	P.O. Box 140977	
Expenditure from corporate funds	DALLAS, TX 75214	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
09/26/2023	JOHN BUCY CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	_
\$5,000.00	6633 HIGHWAY 290 EAST	
	SUITE 104	
Expenditure from corporate funds	AUSTIN, TX 78723	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Committee Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	_
09/05/2023	JOHN KUEMPEL CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	P.O. BOX 177	
Expenditure from		
corporate funds	SEGUIN, TX 78146	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Committee Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/27 Rpt: 36/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
12/13/2023	JOHN KUEMPEL CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 177
Expenditure from corporate funds	SEGUIN, TX 78146
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2023	JOSE MENENDEZ CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	4522 FREDERICKSBURG RD
	A-22
Expenditure from corporate funds	SAN ANTONIO, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	JUAN HINOJOSA CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1508 S LONE STAR WAY
	SUITE 6A
Expenditure from corporate funds	EDINBURG, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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	r - I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E					3	Filer ID	(Ethics Commission Filers	s)
	Sch: 17/27 Rpt: 37/55	The Charle	es Butt Public Educa	ation Polit	ical Act	ion			00084962		
4	Date	5 Payee name	e								
L	09/26/2023	JUDITH Z	AFFARINI CAMPAI	GN							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Co	de	<u> </u>				
	\$5,000.00	1407 WAS	HINGTON ST								
	Expenditure from corporate funds	LAREDO,	TX 78040								
8	PURPOSE OF	(a) Category (See Categories listed at the to	op of this sche	dule)	(b)	Description				
	EXPENDITURE		ns/Donations Made				느		de of Texas. Comp		
		Candidate,	Officeholder/Politica	ai Commil	uee		Committee C		officeholder living naign Contri		
								اددا	paigii Ooiilii	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice sou	ght			Office he	ld	
\vdash	Data										
	Date	Payee name		:NI							
_	08/15/2023		OLLAND CAMPAIG		7:- 0	-1-					
	Amount (\$)	Payee addr	. ,,	State;	Zip Co	ae					
	\$10,000.00	101 E RUS	_								
_	Expenditure from	SUITE 201									
L	corporate funds	ROCKWAI	L, TX 75087								
	PURPOSE OF		See Categories listed at the to		dule)	(b)	Description				
	EXPENDITURE		ns/Donations Made Officeholder/Politic		ttoc		-		de of Texas. Comp officeholder living		
		Candidate	Onicenoider/Politica	ai Cullilli	uee		Committee C				
							23	ا، ۱۰۰			
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Of	ffice sou	ght			Office he	ld	
	pod.taro to boriont 0/01	-									
	Date	Payee name									
	12/13/2023	JUSTIN H	OLLAND CAMPAIG	iN							
	Amount (\$)	Payee addr	•	State;	Zip Co	de					
	\$10,000.00	101 E RUS									
_	Expenditure from	SUITE 201	-								
L	corporate funds	ROCKWAI	L, TX 75087								
	PURPOSE		See Categories listed at the to		dule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made		***				de of Texas. Comp		
		Candidate,	Officeholder/Politica	ai Commil	uee		Committee C		officeholder living		
							33	~!!!	paigii Ooniii	200011	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	ffice sou	<u> </u>			Office he	ld	
	expenditure to benefit C/O	4									

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/27 Rpt: 38/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
08/15/2023	KEITH BELL CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	100 E CORSICANA ST
	SUITE 204
Expenditure from corporate funds	ATHENS, TX 75751
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/13/2023	KEITH BELL CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	100 E CORSICANA ST
	SUITE 204
Expenditure from	ATHENS, TX 75751
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/05/2023	KEN KING CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 507
+ = 0,000.00	
Expenditure from corporate funds	CANADIAN, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Committee Campaign Contribution
	Committee Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 19/27 Rpt: 39/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date	5 Payee name
12/13/2023	KEN KING CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 507
Expenditure from corporate funds	CANADIAN, TX 79014
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living expanse.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/C	the state of the s
Date	Payee name
09/26/2023	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 118978
,	
Expenditure from corporate funds	Carrollton, TX 75011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/26/2023	MARY GONZALEZ CAMPAIGN
Amount (\$)	
	Payee address; City; State; Zip Code P.O. BOX 450
\$5,000.00	F.U. BUA 450
Expenditure from corporate funds	CLINT, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EAFENDITUKE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	n

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
Credit Card F dyment		The Instruction Gu	ide explains how to c	ompl	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commissi	on Filers)
Sch: 20/27 Rpt: 40/55	The Charles	s Butt Public Edu	cation Political Ac	tion			00084962		
4 Date	5 Payee name								
07/21/2023	MILLAN & 0	CO PC							
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode					
\$693.71	812 SAN AI	NTONIO ST							
	SUITE L17								
Expenditure from corporate funds	AUSTIN, T	< 78701							
8 PURPOSE		ee Categories listed at the	o top of this schodulo)	(b)	Description				
OF	Accounting/		e top of this schedule)	` ′		outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE					Check if Austin	ı, TX,	officeholder livin	g expense	
					Committee A	CCC	ounting Fee:	S	
Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office h	eld	
experiditure to benefit C/Oi									
Date	Payee name								
08/15/2023	MILLAN & 0	CO PC							
Amount (\$)	Payee addres	ss; City;	State; Zip C	ode					
\$537.50	812 SAN AI	NTONIO ST							
	SUITE L17								
Expenditure from corporate funds	AUSTIN, T	K 78701							
PURPOSE	(a) Category (Si	ee Categories listed at the	e ton of this schedule)	(b)	Description				
OF EXPENDITURE	Accounting/		o top or time contentio)			outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE		3			ш		officeholder livin		
					Committee A	CCC	ounting Fee:	S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Office so	ught			Office h	eld	
experience to benefit 6/61	·								
Date	Payee name								
12/12/2023	MILLAN & 0	CO PC							
Amount (\$)	Payee addres	ss; City;	State; Zip C	ode					
\$4,708.75	812 SAN AI	NTONIO ST							
	SUITE L17								
Expenditure from corporate funds	AUSTIN, T	< 78701							
PURPOSE	(a) Category (Si	ee Categories listed at the	e top of this schedule)	(b)	Description				
OF EXPENDITURE	Accounting/		,		Check if travel			nplete Schedule T.	
EXPENDITORE					ш		officeholder livin		
					Committee A	CCC	ounting Fee	S	
				<u> </u>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office h	eld	
2									

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 21/27 Rpt: 41/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date	5 Payee name
09/26/2023	Morgan LaMantia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	1324 E. Madison
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/15/2023	NATHAN JOHNSON CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	12222 MERIT DRIVE
\$5,000.00	
Expenditure from	SUITE 1010
corporate funds	DALLAS, TX 75251
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	NICOLE COLLIER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	101 S JENNINGS
+5,555100	SUITE 103A
Expenditure from	
corporate funds	FORT WORTH, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/27 Rpt: 42/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
08/15/2023	RAFAEL ANCHIA CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	1111 W. MOCKINGBIRD LN
	SUITE 1010
Expenditure from corporate funds	DALLAS, TX 75247
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	RAMON ROMERO CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	3663 AIRPORT FWY
Expenditure from corporate funds	FORT WORTH, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
09/05/2023	REGGIE SMITH CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	421 N. CROCKETT ST
, ,,,,,,,,	
Expenditure from corporate funds	SHERMAN, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 23/27 Rpt: 43/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date	5 Payee name
12/13/2023	REGGIE SMITH CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	421 N. CROCKETT ST
Expenditure from corporate funds	SHERMAN, TX 75090
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2023	ROBERT NICHOLS CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	329 NECHES ST
φ10,000.00	329 NECTIES 31
Expenditure from	
corporate funds	JACKSONVILLE, TX 75766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Davis same
	Payee name
09/26/2023	ROLAND GUTIERREZ CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	3175 SIDNEY BROOKS
	BLDG 470
Expenditure from	SAN ANTONIO, TX 78235
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/27 Rpt: 44/55	The Charles Butt Public Education Political Action 00084962	
4 Date	5 Payee name	
08/15/2023	ROYCE WEST CAMPAIGN	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	5787 S. HAMPTON RD	
	SUITE 385	
Expenditure from corporate funds	DALLAS, TX 75232	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Committee Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Davies name	_
09/05/2023	Payee name STAN LAMBERT CAMPAIGN	
		_
Amount (\$)	Payee address; City; State; Zip Code P.O. BOX 3752	
\$10,000.00	P.O. BOX 3752	
Expenditure from	ADU ENE TV 70004	
corporate funds	ABILENE, TX 79604	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Committee Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	=
12/13/2023	STAN LAMBERT CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	_
\$10,000.00	P.O. BOX 3752	
Expenditure from corporate funds	ABILENE, TX 79604	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Committee Campaign Contribution	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
SAPORGICATO TO BOHORE O/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 45/55	The Charles Butt Public Education Political Action 00084962
4	Date	5 Payee name
	09/26/2023	STEVE ALLISON CAMPAIGN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	200 MORNINGSIDE
	Expenditure from corporate funds	SAN ANTONIO, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Committee Campaign Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	12/13/2023	STEVE ALLISON CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	200 MORNINGSIDE
	Expenditure from corporate funds	SAN ANTONIO, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Committee Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/26/2023	Salman Bhojani Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	6301 Campus Circle Drive East
		Suite 100
	Expenditure from corporate funds	Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Committee Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 26/27 Rpt: 46/55	The Charles Butt Public Education Political Action 00084962
4 Date	5 Payee name
08/15/2023	TONI ROSE CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	P.O. BOX 398020
Expenditure from corporate funds	DALLAS, TX 75216
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/05/2023	TRAVIS CLARDY CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	202 E PILAR ST
	RM 310
Expenditure from corporate funds	NACOGDOCHES, TX 75961
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/13/2023	TRAVIS CLARDY CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	202 E PILAR ST
	RM 310
Expenditure from corporate funds	NACOGDOCHES, TX 75961
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Committee Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 27/27 Rpt: 47/55	2 FILER NAME The Charles Butt Public Education Political Action 3 Filer ID (Ethics Commission Filers) 00084962
4 Date 09/05/2023 6 Amount (\$)	5 Payee name TRENT ASHBY CAMPAIGN 7 Payee address; City; State; Zip Code
\$10,000.00	P.O. BOX 412
corporate funds	LUFKIN, TX 75902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 09/26/2023	Payee name TREY MARTINEZ FISCHER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	4243 E. PIEDRAS DR
Expenditure from corporate funds	SUITE 256 SAN ANTONIO, TX 78228
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/2 Rpt: 48/55		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
The Charles Butt	Public Education Political Action Committee	00084962		
Date 10/11/2023	5 Name of person from whom investment is purchased JEFFERSON BANK			
	6 Address of person from whom investment is purchased; City: P.O. BOX 5190	State; Zip Code		
	SAN ANTONIO, TX 78201			
	7 Description of investment168 Shares of Vanguard Mid-Cap Index Fund ETF			
	8 Amount of investment (\$) 34,796.16			
Date	Name of person from whom investment is purchased JEFFERSON BANK			
10/11/2023				
	Address of person from whom investment is purchased; City. P.O. BOX 5190	State; Zip Code		
	SAN ANTONIO, TX 78201			
	Description of investment			
	57 Shares of iShares Core S&P 500 ETF			
	Amount of investment (\$)			
	24,641.67			
Date	Name of person from whom investment is purchased			
10/11/2023	JEFFERSON BANK			
	Address of person from whom investment is purchased; City	State; Zip Code		
	P.O. BOX 5190			
	SAN ANTONIO, TX 78201			
	Description of investment			
	840 Shares of Vanguard FTSE Pacific Index Fund ETF	•		
	Amount of investment (\$)			
	55,644.96			
Date	Name of person from whom investment is purchased			
10/11/2023	JEFFERSON BANK			
	Address of person from whom investment is purchased; City: P.O. BOX 5190	State; Zip Code		
	SAN ANTONIO, TX 78201			
	Description of investment 610 Shares of Vanguard FTSE Europe ETF			
	Amount of investment (\$) 35,212.49			

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 2/2 Rpt: 49/55					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
The Charles But	tt Public Education Political Action Committee	00084962					
10/11/2023	5 Name of person from whom investment is purchased JEFFERSON BANK						
	6 Address of person from whom investment is purchased; Cit P.O. BOX 5190	y; State; Zip Code					
	SAN ANTONIO, TX 78201						
	7 Description of investment848 Shares of Vanguard FTSE Emerging Markets ET	F					
	8 Amount of investment (\$) 33,238.55						
Date	Name of person from whom investment is purchased						
10/11/2023	JEFFERSON BANK						
	Address of person from whom investment is purchased; Cit P.O. BOX 5190	y; State; Zip Code					
	SAN ANTONIO, TX 78201						
	Description of investment						
	178 Shares of iShares Core S&P Small-Cap ETF						
	Amount of investment (\$) 16,491.26						

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 50/55 The Charles Butt Public Education Political Action 00084962 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/01/2023 USPS - ALAMO HEIGHTS FINANCE UNIT Amount (\$) Payee address; City; State; Zip Code \$210.00 1107 AUSTIN HIGHWAY Expenditure from SAN ANTONIO, TX 78209 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Post Office Box Renewal Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

	The Instru	struction Guide explains how to complete this form. 1 Total p Sch: 1				
2	FILER NAME		ID (Ethics Commission	n Filers)		
	The Charles	Butt Public Education Political Action Committee	34962			
4	Date 07/03/2023	5 Name of person from whom amount is received JEFFERSON BANK			8 Amount (\$)	\$889.69
		6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78201 7 Purpose for which amount is received				
		Dividend: Fidelity Investments Money Market Government Portfolio I	OIITIC	саі со	ntribution returned to file	er
	Date	Name of person from whom amount is received			Amount (\$)	
	08/01/2023	JEFFERSON BANK			:	\$1,023.44
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received	olitio	cal co	ntribution returned to file	er
	Date	Name of person from whom amount is received			Amount (\$)	
	09/01/2023	JEFFERSON BANK			:	\$1,052.75
		Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78201				
		Purpose for which amount is received Check if po	olitic	cal co		er
		Dividend: Fidelity Investments Money Market Government Portfolio I				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/02/2023	JEFFERSON BANK Address of person from whom amount is received; City; State; Zip Code				\$1,086.15
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received	olitic	cal co	ntribution returned to file	er
		Dividend: Fidelity Investments Money Market Government Portfolio I				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/01/2023	JEFFERSON BANK				\$656.36
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
			olitio	cal co	ntribution returned to file	er
		Dividend: Fidelity Investments Money Market Government Portfolio I				

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 1/5 Rpt: 52/55	
2	FILER NAME	Dutt Dublic Education Delitical Action Committee	1		(Ethics Commissi	on Filers)
	The Charles	Butt Public Education Political Action Committee	00084	962		
4	Date 12/01/2023	 Name of person from whom amount is received JEFFERSON BANK Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$366.29
		SAN ANTONIO, TX 78201				
		7 Purpose for which amount is received	olitic	al conti	ribution returned to fi	ler
	Date	Name of person from whom amount is received			Amount (\$)	
	08/02/2023	JEFFERSON BANK				\$11,697.64
		Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78201				
			- 1141 -	-1	ila di ana matamana al tarifi	1
		Purpose for which amount is received	Olitic	al conti	ribution returned to fi	ier
	Date	Name of person from whom amount is received			Amount (\$)	
	09/05/2023	JEFFERSON BANK				\$11,935.79
	03/03/2020	Address of person from whom amount is received; City; State; Zip Code				P11,000.70
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received	olitic	al conti	ribution returned to fi	ler
		Dividend: Fidelity Conservative Income Bond I				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/03/2023	JEFFERSON BANK				\$11,668.67
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received Check if p	olitic	al conti	ribution returned to fi	ler
		Dividend: Fidelity Conservative Income Bond I				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/02/2023	JEFFERSON BANK				\$12,139.77
		Address of person from whom amount is received; City; State; Zip Code			1	
		SAN ANTONIO, TX 78201				
			olitic	al conti	<u>I</u> ribution returned to fi	ler
		Dividend: Fidelity Conservative Income Bond I	Ontic	ai cuill	isalion relamed (0 II	iCi

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 3/5 Rpt: 53/55	
2	FILER NAME		3	Filer	ID (Ethics Commission F	-ilers)
	The Charles	Butt Public Education Political Action Committee		0008	34962	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	12/04/2023	JEFFERSON BANK			\$11	,852.94
		6 Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
		7 Purpose for which amount is received	ooliti	cal co	ntribution returned to filer	
		Dividend: Fidelity Conservative Income Bond I				
_	Date	Name of person from whom amount is received			Amount (\$)	
	07/05/2023	JEFFERSON BANK			* *	,173.66
	0.700,2020	Address of person from whom amount is received; City; State; Zip Code				, 0.00
		Address of person from whom amount is received, City, State, Zip Code				
		SAN ANTONIO, TX 78201				
		_	olitio	cal co	Intribution returned to filer	
		Dividend: Fidelity Conservative Income Bond I		0000		
	Data				Amount (ft)	
	Date 09/21/2023	Name of person from whom amount is received JEFFERSON BANK			Amount (\$)	,495.92
	03/21/2023				Ψ ⁴	,495.92
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received Check if	oolitie	cal co	ntribution returned to filer	
		Dividend: Vanguard FTSE Emerging Markets ETF				
_	Date	Name of person from whom amount is received			Amount (\$)	
	12/21/2023	JEFFERSON BANK				,606.78
	12/21/2020					,000.70
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
			oolitie	cal co	ntribution returned to filer	
		Dividend: Vanguard FTSE Emerging Markets ETF				
=	Date	Name of person from whom amount is received			Amount (\$)	
	09/21/2023	JEFFERSON BANK				,835.95
	03/21/2020					,000.00
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
		_	ooliti	cal co		
		Dividend: Vanguard FTSE Europe ETF	- 51111	J 0U	The state of the s	
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	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /5 Rpt: 54/55	
2	FILER NAME		3	Fi	ler ID	(Ethics Commis	sion Filers)
	The Charles	Butt Public Education Political Action Committee		00	00849	962	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	12/21/2023	JEFFERSON BANK					\$8,761.24
		6 Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78201					
		7 Purpose for which amount is received	oliti	cal	contri	ibution returned to	filer
		Dividend: Vanguard FTSE Europe ETF					
F	Date	Name of person from whom amount is received				Amount (\$)	
	09/21/2023	JEFFERSON BANK					\$4,358.63
		Address of person from whom amount is received; City; State; Zip Code	•••••				
		SAN ANTONIO, TX 78201					
		Purpose for which amount is received Check if p	oliti	cal	contri	ibution returned to	filer
		Dividend: Vanguard FTSE Pacific Index Fund ETF					
	Date	Name of person from whom amount is received				Amount (\$)	
	12/21/2023	JEFFERSON BANK					\$21,436.55
		Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78201					
			oliti	cal	contri	ibution returned to	filer
L		Dividend: Vanguard FTSE Pacific Index Fund ETF					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/26/2023	JEFFERSON BANK					\$1,673.04
		Address of person from whom amount is received; City; State; Zip Code					
		CAN ANTONIO TV 70201					
		SAN ANTONIO, TX 78201	- 1141	1		:la	£1
		Purpose for which amount is received Check if p Dividend: Vanguard Mid-Cap Index Fund ETF	Oliti	cai	contri	ibution returned to	filer
┡							
	Date	Name of person from whom amount is received				Amount (\$)	* 0.744.00
	12/27/2023	JEFFERSON BANK					\$2,744.30
		Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78201					
			oliti	പ	COntri	ibution returned to	filor
		Dividend: Vanguard Mid-Cap Index Fund ETF	UIILI	cai	COHILI	ibation returned to	IIICI
\vdash							
1							

_						
	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 5/5 Rpt: 55/55	
2	FILER NAME		3	Filer ID	(Ethics Commiss	sion Filers)
	The Charles	00084	962			
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
	10/02/2023	JEFFERSON BANK			(4)	\$774.18
	20,02,2020	6 Address of person from whom amount is received; City; State; Zip Code			-	Ţ <u>2</u> 5
		audiess of person from whom amount is received, City, State, Zip Code				
		SAN ANTONIO, TX 78201				
		7 Purpose for which amount is received	olitic	al contr	ribution returned to	filer
		Dividend: iShares Core S&P Small-Cap ETF				
F	Date	Name of person from whom amount is received			Amount (\$)	
	12/27/2023	JEFFERSON BANK				\$526.90
		Address of person from whom amount is received; City; State; Zip Code			1	
		7 da 1000 di polocii ilioni di localiti lo 1000 locaj (0.15), cidalej 2.15				
		SAN ANTONIO, TX 78201				
			olitic	al contr	I ribution returned to	filer
		Dividend: iShares Core S&P Small-Cap ETF	Ontio	ai oonii		
⊨					T	
	Date	Name of person from whom amount is received			Amount (\$)	
	12/27/2023	JEFFERSON BANK]	\$12,321.92
		Address of person from whom amount is received; City; State; Zip Code				
		SAN ANTONIO, TX 78201				
			olitic	al contr	ribution returned to	filer
L		Dividend: iShares Core S&P 500 ETF				
Г	Date	Name of person from whom amount is received			Amount (\$)	
	10/02/2023	JEFFERSON BANK				\$12,603.36
		Address of person from whom amount is received; City; State; Zip Code			1	
		SAN ANTONIO, TX 78201				
		Purpose for which amount is received Check if p	olitic	al contr	ribution returned to	filer
		Dividend: iShares Core S&P 500 ETF				
H						