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) 00069307 3 COMMITTEE NAME **OFFICE USE ONLY** UA Plumbers & Pipefitters Local 286 PAC Fund Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 814 Airport Blvd. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78702 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Robert C. NAME NICKNAME LAST **SUFFIX** Chap Thornton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 814 Airport Blvd. STREET **ADDRESS** (Residence or Business) Austin, TX 78702 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 814 Airport Blvd. MAILING **ADDRESS** Austin, TX 78702 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 385-0002 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
UA Plumbers & Pipefit	ters Local 286 PAC Fun	d	00069307	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Commissioner Jeff Travillion C	County Commi	issioner
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	39,020.40
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	39,020.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	45,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	212,204.03
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Robert	C. Thornton	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 12

						1 age 0 0. 12
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
UA Plumbers & Pipefitters Local 286 PAC F			und		00069307	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(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.)		Rep. Chris Turner State Repres	entative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		Sen. Sarah Eckhardt State Sena	ator	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(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.)		Commissioner Ann Howard Cou	ınty Commissic	ner

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 12

DMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
A Plumbers & Pipefitte	ers Local 286 PAC F	und		00069307	
OMMITTEE TIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
tach lists on plain per to complete this port 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.)		Rep. Gina Hinojosa State Repre	esentative	
DMMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
tach lists on plain per to complete this port 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.)		Rep. Josey Garcia State Repres	sentative	
OMMITTEE CTIVITY	Candidates (Identify by name or, if	A. Supported			
tach lists on plain per to complete this port 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.)		Rep. Rhetta Bowers State Repr	esentative	
	MMITTEE TIVITY MMITTEE TIVITY MMITTEE TIVITY MMITTEE TIVITY tach lists on plain per to complete this port if necessary.) MMITTEE TIVITY tach lists on plain per to complete this port if necessary.)	A Plumbers & Pipefitters Local 286 PAC F IMMITTEE TIVITY Itach lists on plain per to complete this ort if necessary.) Image: A Complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.) Itach lists on plain per to complete this ort if necessary.)	A Plumbers & Pipefitters Local 286 PAC Fund IMMITTEE TIVITY Itach lists on plain per to complete this ort if necessary.) Individual sequence of the properties of the prope	MMITTEE TIVITY It can lists on plain per to complete this ort if necessary.) It can lists on plain per to complete this ort if necessary.) It can lists on plain per to complete this ort if necessary.) It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary.) It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can lists on plain per to complete this ort if necessary. It can list be provided this ort. If applicable, classify by party. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided this ort. If applicable and location of election and nature of issue. It can list be provided	NUMITTEE TIVITY 1. Candidates Describe by date and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 3. Officeholders Assisted Quently by name or, if applicable, classify by party, and nature of issue). 4. Supported A. Supported Describe by date and nature of issue). 5. Opposed 7. Candidates Quently by name or, if applicable, classify by party, and or if applicable, classify by party, and or, if applicable, classify by party

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 5 of 12
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
UA Plumbers & Pipefitte	ers Local 286 PAC F	und		00069307	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Rep. Trey Martinez Fischer Stat	te Representati	ve
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Rep. Travis Clardy State Repre	sentative	

SUBTOTALS - GPAC

FORM **GPAC** COVER SHEET PG 3

		6 of 12
17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
UA Plumbers & Pipefitters Local 286 PAC Fund	00069307	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 39,020
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAE ORGANIZATION	BOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORT LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	RGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	R ORGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 0
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$ 45,000
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	TIONS	\$ 0
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$

UA Plumbers & Pipefitters Local 286 PAC Fund 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor	CHEDULE B	SCHEDU			TIONS	GED CONTRIBU	PLED		
UA Plumbers & Pipefitters Local 286 PAC Fund 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor			- 1	The Instruction Guide explains how to complete this form.					
TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor	ssion Filers)	·	- 1						
7 Pledgor Address; City; State; Zip Code	0.00		_				<u> </u>		
	nd description applicable)				5 Date 6 Full name of pledgor out-of-state PAC (ID#:_				
Employer (See Instructions)	ıs. Complete Schedule T	Check if travel outside of Texas. Comple		11 5 (0)	untion of	pounation / Joh title (See Instru	10 Principal o		
		ctions)	struction	11 Employer (See In	ictions)	ccupation / Job title (See Instru	10 Principal o		

	LOANS					SCHEDULE E
	The Instructio	on Guide explains how to complet	e this f	orm.		ages Schedule E: /1 Rpt: 8/12
2	FILER NAME UA Plumbers & I	Pipefitters Local 286 PAC Fund			3 Filer ID 000693	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender out-o	of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruct	ions)	
14	Description of Coll	ateral		15 Check if personal fund	s were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruct	ions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/4 Rpt: 9/12	UA Plumbers & Pipefitters Local 286 PAC Fund 00069307
4 Date	5 Payee name
12/13/2023	Bowers, Rhetta (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	3526 Lakeview Parkway Suite B
Ψ2,000.00	5525 Eakeview Farkway Suite B
Expenditure from	
corporate funds	Rowlett, TX 75088
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefft C/O	
Date	Payee name
12/13/2023	Clardy, Travis (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	209 E Main Street
Ψ2,000.00	203 E Main Street
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beriefit C/O	
Date	Payee name
10/09/2023	Eckhardt, Sarah (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 301586
Ψ4,000.00	1 O BOX 301300
Expenditure from	
corporate funds	Austin, TX 78703
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/4 Rpt: 10/12	2 FILER NAME UA Plumbers & Pipefitters Local 286 PAC Fund 3 Filer ID (Ethics Commission Filers) 00069307
4 Date	5 Payee name
12/13/2023	Garcia, Josey (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	110 E Houston Street 7th Floor, Box 176
Expenditure from corporate funds	San Antonio, TX 78205
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.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/08/2023	Hinojosa, Gina (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
	P.O. Box 300095
\$10,000.00	P.O. BOX 300095
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERNING	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4
Data	Davies same
Date	Payee name
10/11/2023	Howard, Ann (Commissioner)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 5674
Expenditure from corporate funds	Austin, TX 78763
-	I
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
	Campaign Contribution
	Sampaigh Solition
Complete CNU V if all	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2 2	
<u> </u>	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmanna 0.1. 1.1. T.	
1 Total pages Schedule F1: Sch: 3/4 Rpt: 11/12	2 FILER NAME UA Plumbers & Pipefitters Local 286 PAC Fund 3 Filer ID (Ethics Commission Filers) 00069307
4 Date	5 Payee name
10/12/2023	Liberal Austin Democrats
10/12/2023	Liberal Austin Democrats
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 49712
Expenditure from corporate funds	Austin, TX 78765
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	T diffulation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief C/OI	•
Date	Payee name
12/13/2023	Martinez Fisher, Trey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	104 Babcock Suite 107
Ψ2,000.00	104 Babcock State 107
Expenditure from	
corporate funds	San Antonio, TX 78201
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/14/2023	Mexican American Legislative Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	202 W. 13th Street
Evpanditure from	
Expenditure from corporate funds	Austin, TX 78701
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	Continuodions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Fundraiser Sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains ho	w to complete t	this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 12/12	UA Plumbers & Pipefitters Local 286 PAG	C Fund	00069307
4 Date	5 Payee name		<u> </u>
11/08/2023	Texas House Democratic Campaign Cor	nmittee	
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
\$5,000.00	PO BOX 1925		
- "			
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) De	escription
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committ	· · -	Check if Austin, TX, officeholder living expense
		FL	undraiser
O Complete ONLY if direct	Condidate/Officeholder name	lan naught	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ce sought	Office held
Date	Payee name		
08/23/2023	Travillion, Jeff (Mr.)		
Amount (\$)	, , , , , , , , , , , , , , , , , , , ,	Zip Code	
\$1,000.00	P.O. Box 5674		
Expenditure from			
corporate funds	Austin, TX 78763		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	ıle) (b) De	escription
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committ		Check if Austin, TX, officeholder living expense
			ampaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/OI		ce sought	Office field
Data			
Date	Payee name		
08/24/2023	Turner, Chris (Rep.)		
Amount (\$)		Zip Code	
\$10,000.00	P.O. Box 182093		
Expenditure from			
corporate funds	Arlington, TX 76096		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) De	escription
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committ] Check if Austin, TX, officeholder living expense ampaign Contribution
			ampagn Contibution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/OI		oc sougni	Office field