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) 00087070 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of The University of Texas System Date Received **ELECTRONICALLY FILED** 01/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 92553 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78749 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Meade NAME NICKNAME LAST **SUFFIX** Bauer STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3724 Jefferson Street STREET **ADDRESS** Suite 309 (Residence or Business) Austin, TX 78731 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3724 Jefferson Street MAILING **ADDRESS** Suite 309 Austin, TX 78731 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 495-8853 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
	rsity of Texas System			87070	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dr. Greg Bonnen	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTH OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA			\$	4,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	LEXPENDITURES		\$	10,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	48,367.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
6 AFFIDAVIT				1	
		I swear, or affirm, under true and correct and inc under Title 15, Election	ludes all information		
			Mr. Moodo Do	uor.	
			Mr. Meade Bar gnature of Campaign		
AFFIX NOTA	RY STAMP / SEAL ABOVE	ગા	gnature or Campaign	Ticasuici	
Civio we to evid ovide swith			م مله م نامله		da
		hich, witness my hand and seal of off			day
0		mon, waters my hard and sear or on			
Signature of officer	administering oath	Printed name of officer administering o	oath Title	e of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 3 of 7
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Friends of The Univers				0008707	0	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Drew Darby	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Cole Hefner	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 7
17 COMMITT		18 Filer ID 00087070	(Ethics Commission Filers)
	f The University of Texas System	00087070	<u> </u>
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
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 (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 10,250.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this form.					
2 FILER NAME Friends of The University of Texas System				<u> </u>	on Filers)
Date 01/08/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$1,500.00
Principal occu	Austin, TX 78703 spation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
self employe	ed	self employed			
Date Full name of contributor out-of-state PAC (ID#:) 11/10/2024 Thomas, Ralph (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		Employer (See Instructions	<u> </u> s)		
	The Instru FILER NAME Friends of T Date 01/08/2024 Principal occuself employe Date 01/10/2024	The Instruction Guide explains how to complete this feature in the Instruction Guide explains how to complete this feature in the Instruction Guide explains how to complete this feature in the Instruction of the University of Texas System Date	The Instruction Guide explains how to complete this form. FILER NAME Friends of The University of Texas System Date	The Instruction Guide explains how to complete this form. FILER NAME Friends of The University of Texas System Date 01/08/2024 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/7 FILER NAME Friends of The University of Texas System Date 01/08/2024 5 Full name of contributor out-of-state PAC (ID#:

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				
4 Tatal manua Cabadula E4.				
1 Total pages Schedule F1:				
Sch: 1/2 Rpt: 6/7	Friends of The University of Texas System 00087070			
4 Date	5 Payee name			
01/03/2024	Cole Hefner for State Representative			
6 Amount (\$)	·			
()	7 Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 167			
Expenditure from				
corporate funds	Mount Pleasant, TX 75456			
8 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 Check if Austin, TX, officeholder living expense			
	political contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
01/09/2024	Drew Darby Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 3284			
Ψ2,000.00	1.0. 50% 0204			
Expenditure from				
corporate funds	San Angelo, TX 76902			
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			
	political contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	H			
Data	David warms			
Date	Payee name			
01/09/2024	Erben & Yarbrough			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,750.00	807 Brazos Street			
	Suite 402			
Expenditure from	Austin, TX 78701			
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	TEC Compliance Legal Services			
	TEC Compilance Legal Services			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experientale to benefit G/OH				

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

pense Travel in Epense Travel Ou lages/Contract Labor OTHER (

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salari The Instruction Guide explains how to	es/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 7/7	Friends of The University of Texas System	00087070
4 Date	5 Payee name	
01/09/2024	Greg Bonnen Campaign	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip P.O. Box 1183	Code
Expenditure from corporate funds	Friendswood, TX 77549	
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.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense political contribution
		political contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	sought Office held