#### 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) 00084625 3 COMMITTEE NAME **OFFICE USE ONLY** Legacy 44 Date Received **ELECTRONICALLY FILED** 02/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4001 Sinclair Ave. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78756 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nicole NAME NICKNAME LAST **SUFFIX** Goitiandia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4001 Sinclair Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2581 MAILING **ADDRESS** Boise, ID 83701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 642-1544 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	Filer ID	(Ethics Commission Filers)
Legacy 44					00084625	•
4 COMMITTEE ACTIVITY	1. Candidates Identify by name or, if applicable, classify by party.)	A. Supported C	Christian Manuel Sta			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
<u> </u>	2. Measures	A. Supported				
	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.)					
5 CONTRIBUTION TOTALS	I. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES  IADE ELECTRONI	S OF LOANS, OR CALLY)	R THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		<b>DNS</b> R GUARANTEES OF I	LOANS)	\$	200,000.00
EXPENDITURE 3	3. TOTAL UNITEMIZE	D POLITICAL EXPE	ENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITUR	ES		\$	57,500.00
CONTRIBUTION 5 BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING		MAINTAINED AS OF	THE LAST DA	<b>s</b>	189,543.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I			NS AS OF THE	\$	0.00
6 AFFIDAVIT						
		true		les all informati		accompanying report is d to be reported by me
			Signs	Nicole Goit ature of Campa		ror
AFFIX NOTARY S	TAMP / SEAL ABOVE		Signe	ature of Gampe	iigii iicasa	
Sworn to and subscribed b	efore me. by the said			. this t	he	day
of,					-	
Signature of officer adm	inistering oath	Printed name of of	ficer administering oat	h	Title of offic	cer administering oath

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

#### FORM GPAC **ADDENDUM**

				Page 3 of 9
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Legacy 44			00084625	
(Attach lists on plain		Elizabeth Campos State Repres	entative	
paper to complete this report if necessary.)	Э. Срросси			
Measur (Describe by o location of ele nature of issue	late and ction and			
	B. Opposed			
3. Officeh Assiste (Identify by na applicable, cla	d			
COMMITTEE ACTIVITY  1. Candid (Identify by na applicable, cla		Ray Lopez State Representative	е	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measur (Describe by containing of elementure of issue)	late and ction and )			
	B. Opposed			
3. Officeh Assiste (Identify by na applicable, cla	d			
COMMITTEE  ACTIVITY  1. Candid (Identify by na applicable, cla		James Talerico State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measur     (Describe by of location of elenature of issue)	late and ction and			
	B. Opposed			
3. Officeh Assiste (identify by na applicable, cla	d			
- '	•			

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC ADDENDUM

Legacy 44  Legacy 44  LOMMITTEE NAME Legacy 44  LOMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of elscion and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed	ge 4 of 9
Legacy 44  4 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 Harold Dutton State Representative  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted	
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.)  B. Opposed  A. Supported Harold Dutton State Representative  B. Opposed  B. Opposed  B. Opposed  B. Opposed	sion Filers)
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.)  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted	
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	
B. Opposed  3. Officeholders Assisted	
Assisted	
(Identify by name or, if applicable, classify by party.)	

#### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

					5 of 9
	ммітте јасу 44	EE NAME	<b>18</b> Filer ID 00084625	(Ethics Comr	nission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	200,000.00
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 CORPORALABOR 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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	57,500.00
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,000.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/9
2	FILER NAME Legacy 44	3 Filer ID (Ethics Commission Filers) 00084625
4	Date 01/04/2024  5 Full name of contributor out-of-state PAC (ID#:) Walton, Jim  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$200,000
8	Fayetteville , AR 72701  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ns)
	Chairman/CEO Arvest Bank Group Inc	

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

#### 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: 1/2 Rpt: 7/9	Legacy 44 00084625
4 Date	5 Payee name
01/23/2024	Christian Manuel Hayes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	3801 Turtlecreek Dr.
Expenditure from corporate funds	Port Arthur, TX 77642
8 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
	Contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/23/2024	Elizabeth Campos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1028 Rigsby Ave
Ψ10,000.00	1020 Nigaby Ave
Expenditure from corporate funds	San Antonio, TX 78210
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
	Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/18/2024	FrederickPolls LLC
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	350 South 200 East, #722
Expenditure from corporate funds	Salt Lake City, UT 84111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	In-Kind: Polling
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
onpondituro to bottoni 0/0	Dutton, Harold State Representative District 142

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ot Labor OTHER (enter a category 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: 2/2 Rpt: 8/9	Legacy 44 00084625
4 Date	5 Payee name
01/23/2024	James Talarico Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	PO Box 15207
Expenditure from corporate funds	Austin, TX 78761
<u> </u>	
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 Contribution
	Sonangaton
O Consulate ONLY if discret	On alidate (Office hadden grown
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxponditure to senent ere.	
Date	Payee name
01/23/2024	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 2910
Ψ2,000.00	1 0 BOX 2310
Expenditure from	A ( TV 70070
corporate funds	Austin, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	
Date	Payee name
01/24/2024	The Tyson Organization Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	1351 Mistletoe Drive
Ψ13,000.00	1331 Mistietoe Drive
Expenditure from	
corporate funds	Fort Worth, TX 76110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	In-Kind: Phone Outreach Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Experiorare to benefit C/OI	Dutton, Harold State Representative District 142

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule I:	ILER NAME			3 Filer ID	(Ethics Commission Filers)	
	Sch: 1/1 Rpt: 9/9	egacy 44			00084625		
4	Date	ayee name					
	01/02/2024	intzo Consulting Co.					
6	Amount (\$)	ayee Address; City;	State; Zip				
	1,000.00	PO Box 2581					
Χ	Expenditure from corporate funds	Boise, ID 83701					
8	PURPOSE	Category (See instructions for example	es of acceptable categories)	(b) Description	See instructions rega	rding type of information required.)	
	OF EXPENDITURE	Consulting Expense		Compliance S	Services		