#### 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) 00016106 3 COMMITTEE NAME **OFFICE USE ONLY** Houston Pilots PAC Fund Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 205 Pennsylvania Ave., SE Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David NAME NICKNAME LAST **SUFFIX** Mason STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 205 Pennsylvania Ave., SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 15441 MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 543-8345 x242 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 **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)
Houston Pilots PAC Fu	und		00016106	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Schofield State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	28,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	62,451.12
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 per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Davi	id Mason	
		Signature of Car	npaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath
<del>-</del>	· ·	<u> </u>		· ·

#### FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Houston Pilots PAC Fur	nd			00016106	
14	COMMITTEE	1. Candidates	A Supported	Valoree Swanson State Repres	<u>I</u> entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		valuree Swarison State Nepres	enauve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
	0011111777	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Trent Ashby State Representati	ve	
		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	A. Supported			
		nature of issue.)	P. Opposed			
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Alma Allen State Representative	е	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			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)
	Houston Pilots PAC Fur	nd				00016106	
14	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Yvonne Davis State Representa	ative	
	(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.)	)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Morgan LaMantia State Senator	r	
	(Attach lists on plain paper to complete this report if necessary.)		В.	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.)	)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Gene Wu State Representative		
	(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.)	)				
			)				

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							uge e e. e.
12 COMMITTEE NAME				13	Filer ID	(Ethics Con	nmission Filers)
Houston Pilots PAC Fu	nd				00016106		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless 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					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	A. Supported	Erin Gamez State Rep	presentative			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Zim Gamez State Nep	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.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jolanda Jones State F	Representative	9		
(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.)						
	Assisted (Identify by name or, if						

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston Pilots PAC Ful	nd			00016106	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ana Hernandez 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hubert Vo State Representativ	e	
(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.)		Carol Alvarado State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Assisted (Identify by name or, if				

#### FORM GPAC **ADDENDUM**

					Page 7 01 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston Pilots PAC Fur	nd			00016106	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Lujan State Representative	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. 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	Caroline Harris Davila State Rep	oresentative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		J.M. Lozano State Representati	ve	
(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.)				

#### FORM GPAC **ADDENDUM**

					Page 8 01 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston Pilots PAC Fur	nd			00016106	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Claudia Ordaz State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. 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	Brooks Landgraf 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			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Borris Miles State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				

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12 (	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ŀ	Houston Pilots PAC Fur	nd			00016106	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jared Patterson State Repres	entative	
ŗ	Attach lists on plain paper to complete this peport 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	1. Candidates	A. Supported	Mano DeAyala State Represe	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		mano Bortyala Glate Represe	maive	
ŗ	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			
		3. Officeholders Assisted (Identify by name or, if				
	COMMITTEE	applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull State Representati	ve	
ŗ	Attach lists on plain paper to complete this eport 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.)				
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston Pilots PAC Fur	nd			00016106	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State Representati	ive	
(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.)		Harold Dutton Jr. 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Assisted (Identify by name or, if				

# FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Houston Pilots PAC Fur	nd			00016106	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero 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.)		Armando Walle 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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jarvis Johnson State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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#### FORM GPAC **ADDENDUM**

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12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Houston Pilots PAC Fund		00016106
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, applicable, classify by	y party.)	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date an location of election a nature of issue.)		
	B. Opposed	
Officeholder     Assisted     (Identify by name or, applicable, classify by)	if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, applicable, classify by	A. Supported Briscoe Cain State Represen	tative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date an location of election a nature of issue.)	nd	
	B. Opposed	
Officeholder     Assisted     (Identify by name or, applicable, classify by)	if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, applicable, classify b	A. Supported Dade Phelan State Represen	tative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date an location of election a nature of issue.)	A. Supported	
	B. Opposed	
Officeholder     Assisted     (Identify by name or, applicable, classify by)	if	
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OMMITTEE NAME ouston Pilots PAC Fur				13 Filer ID	(Ethics Commission Filers)
ouston Pilots PAC Fur					(241100 0011111110010111 11010)
	nd			00016106	
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Cunningham State Rep	resentative	
attach lists on plain aper to complete this aport 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.)				
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joaquin Martinez Houston City	Council	
attach lists on plain aper 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			
	Assisted (Identify by name or, if				
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichols State Senator		
attach lists on plain aper 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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	OMMITTEE CTIVITY  Attach lists on plain aper to complete this port if necessary.)  OMMITTEE CTIVITY  Attach lists on plain aper to complete this port 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.)  Attach lists on plain apper to complete this port 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 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.)  3. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)	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.)  B. Opposed  3. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Complete this port if necessary.)  B. Opposed  B. Opposed  Complete this port if necessary.  Composed  Composed	aper to complete this port if necessary.)  2. Measures Describe by date and location of electron and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  attach lists on plain apper to complete this port if necessary.)  2. Measures Describe by date and location of electron and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  4. Supported  B. Opposed  5. Opposed  6. Supported  6. Supported  7. Supported  8. Opposed  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates Opposed  2. Measures Opposed  3. Opposed  3. Opposed  3. Opposed  4. Supported Opposed  5. Opposed  6. Opposed  8. Opposed	port if necessary.)  2. Measures (Describe by date and location of election and water of issue.)  3. Officeholders Assisted (decretly by name or, if applicable, classify by party).  DMMITTEE CTIVITY  1. Candidates (debridly by name or, if applicable, classify by party).  B. Opposed  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  1. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  DMMITTEE CTIVITY  1. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (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  4. Supported  B. Opposed  B. Opposed

# FORM GPAC ADDENDUM

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on plain plete this ssary.)	1. Candidates Identify by name or, if applicable, classify by party.)  2. Measures Describe by date and		Senfronia Thompson State Rep	13 Filer ID 00016106 resentative	(Ethics Commission Filers)
on plain plete this ssary.)	1. Candidates Identify by name or, if applicable, classify by party.)		Senfronia Thompson State Rep		
on plain plete this ssary.)	Identify by name or, if applicable, classify by party.)  2. Measures		Senfronia Thompson State Rep	resentative	
plete this ssary.)		B. Opposed			
()					
	ocation 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.)		Christina Morales State Represe	entative	
n plain plete this ssary.)		B. Opposed			
()	2. Measures (Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	Assisted (Identify by name or, if				
(	Identify by name or, if		Shawn Thierry State Represent	ative	
n plain plete this ssary.)		B. Opposed			
()	Describe by date and ocation of election and	A. Supported			
		B. Opposed			
3					
r	n plain plete this ssary.)	3. Officeholders    Assisted    (Identify by name or, if applicable, classify by party.)  1. Candidates    (Identify by name or, if applicable, classify by party.)  n plain plete this sary.)  2. Measures    (Describe by date and location of election and nature of issue.)  3. Officeholders	a. 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  3. Officeholders	a. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  A. Supported Shawn Thierry State Represent (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed	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  2. Measures     (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed

#### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPUSE						Page 15 of 32
2 COMMITTEE NAME Houston Pilots PAC Fi	und				<b>13</b> Filer ID 00016106	(Ethics Commission Filers)
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jon Rosenthal	State Represent		
(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.)					

#### **SUBTOTALS - GPAC**

#### FORM GPAC COVER SHEET PG 3 16 of 32

JTIONS TION OR LABOR OM CORPORATION OR	SUBTOTAL AMO	
JTIONS TION OR LABOR	\$ \$	0.00
TION OR LABOR	\$ \$	0.00
TION OR LABOR	\$	0.00
TION OR LABOR	\$	
		0.00
	\$	
OM CORPORATION OR		
	\$	
R LABOR ORGANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		
N OR LABOR ORGANIZATION	\$	
	\$	0.00
ONTRIBUTIONS	<b>\$</b> 2	8,500.00
	\$	0.00
CONTRIBUTIONS	\$	0.00
	\$	0.00
CONTRIBUTIONS	\$	
TRIBUTIONS RETURNED	\$	500.00
	R LABOR ORGANIZATION ON OR LABOR ON OR LABOR ORGANIZATION ONTRIBUTIONS  CONTRIBUTIONS  TRIBUTIONS RETURNED	R LABOR ORGANIZATION  SON OR LABOR  N OR LABOR ORGANIZATION  \$  ONTRIBUTIONS  \$  CONTRIBUTIONS  \$  TRIBUTIONS RETURNED

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
т	The Instruction Guide explains how to complete this form.  2 FILER NAME Houston Pilots PAC Fund				Total pages Sche Sch: 1/1 Rpt: 1	
					B Filer ID (Ethics Commission Filers) 00016106	
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$	0.00
<b>5</b> Date	6 Full name of pledgorout-of-state PAC (ID#:_		ŧ	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code	9			
					Check if travel out	side of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ions)	

	LOANS						SCH	EDULE E
	The Instruction Guide explains how to complete this form.						ges Schedule E 1 Rpt: 18/32	:
2	2 FILER NAME Houston Pilots PAC Fund				3	Filer ID 000161	(Ethics Comm	ission Filers)
4	4 TOTAL OF UNITEMIZED LOANS			L		\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amou	ınt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	
							11 Maturity Da	ate
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	nstructions)			
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political ad (See Instru	
16	GUARANTOR INFORMATION	17 Name of guarantor		<del>_</del>			19 Amount Gu	aranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Drive in all accurati			21 Frankriger (Coo. In	antin and			
20	Principal occupation	חו		21 Employer (See In	istructions)			

#### SCHEDULE F1

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

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

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		
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: 1/13 Rpt: 19/32	Houston Pilots PAC Fund 00016106	
4 Date	5 Payee name	
01/08/2024	Alma Allen Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$500.00	3401 Louisiana, Suite 250	
Expenditure from corporate funds	Houston, TX 77002-9546	
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	
	Contribution to committee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
01/08/2024	Ana Hernandez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 15538	
Expenditure from		
corporate funds	Houston, TX 77220-5538	
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 to committee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
<u> </u>		=
Date	Payee name	
01/08/2024	Ann Johnson Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 56386	
Expenditure from		
corporate funds	Houston, TX 77256-6386	
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	
	Contribution to committee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/OI		
		$\dashv$

#### SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marca Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 2/13 Rpt: 20/32	2 FILER NAME Houston Pilots PAC Fund  3 Filer ID (Ethics Commission Filers) 00016106
4 Date	5 Payee name
01/08/2024	Armando Walle Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4826 Hollybrook Lane
Expenditure from corporate funds	Houston, TX 77039-3713
	1
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
	Contribution to committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Borris Miles Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	5302 Almeda Road
Expenditure from	
corporate funds	Houston, TX 77004-7440
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Contribution to committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Briscoe Cain Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7
Expenditure from corporate funds	Deer Park, TX 77536-0007
-	I ma
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
	Contribution to committee
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)**

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: 3/13 Rpt: 21/32	Houston Pilots PAC Fund  00016106
4 Date	5 Payee name
01/08/2024	Brooks Landgraf Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 13146
Expenditure from corporate funds	Odessa, TX 79768-3146
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 to committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Carol Alvarado Campaign
Amount (\$)	Payee address; City; State; Zip Code
```	P.O. Box 230842
\$1,000.00	P.O. BOX 230042
Expenditure from corporate funds	Houston, TX 77223-0842
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
	Contribution to committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Carolina Harris Davila Campaign
	, <u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680-0700
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 Check if Austin, TX, officeholder living expense
	Contribution to committee
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 Comm

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: 4/13 Rpt: 22/32	Houston Pilots PAC Fund  00016106
4 Date	5 Payee name
01/08/2024	Charles Cunningham Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 14352
Expenditure from corporate funds	Humble, TX 77347-4352
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZIIZII GIL	Candidate/Officeholder/Political Committee
	Contribution to committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Christina Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 6514
Expenditure from corporate funds	Houston, TX 77265-6514
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 to committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Claudia Ordaz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 71738
4000.00	. 6 26/(12/66
Expenditure from corporate funds	El Paso, TX 79917-1738
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITUIL	Candidate/Officeholder/Political Committee
	Contribution to committee
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 Commit

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	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: 5/13 Rpt: 23/32	Houston Pilots PAC Fund 00016106
4 Date	5 Payee name
01/08/2024	Dennis Paul Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	626 1/2 Barringer Ln, Suite A
- "	
Expenditure from corporate funds	Webster, TX 77598-2326
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 Contribution to committee
	Contribution to committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/08/2024	Erin Gamez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	777 E. Harrison
Ψ500.00	TTT E. Hallison
Expenditure from corporate funds	Brownsville, TX 78520-7118
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution to committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/08/2024	Gene Wu Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 742422
Expenditure from corporate funds	Houston, TX 77274-2422
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 to committee
Complete CMI V if alian-	Condidate/Officeholder name Office outsite Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 24/32	Houston Pilots PAC Fund 00016106
4 Date	5 Payee name
01/08/2024	Harold V. Dutton Jr. Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3303 Main Street, Suite 303
Expenditure from corporate funds	Houston, TX 77002-9321
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution to committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
01/08/2024	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	11360 Bellaire Blvd., Suite 880
Evpanditura from	
Expenditure from corporate funds	Houston, TX 77072-2533
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LIBITORE	Candidate/Officeholder/Political Committee
	Contribution to committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/08/2024	J.M. Lozano Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	727 Arroyo Drive
Expenditure from	
corporate funds	Kingsville, TX 78363-7416
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
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 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:	
Sch: 7/13 Rpt: 25/32	Houston Pilots PAC Fund 00016106
4 Date	5 Payee name
01/08/2024	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4412 Sapphire Drive
,	TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF THE
Expenditure from	Frican TV 75024 1220
corporate funds	Frisco, TX 75034-1238
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 to commuted
O Consulate ONLY & discort	On all data (Office health a news
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Jarvis Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1051 Cottage Oak
Expenditure from corporate funds	Houston, TX 77091-5619
•	
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
	Contribution to committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>G</b>
Date	Payee name
01/08/2024	Joan Huffman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 41964
Expenditure from corporate funds	Houston, TX 77241-1964
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
	Contribution to committee
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 Comm 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	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 8/13 Rpt: 26/32	Houston Pilots PAC Fund 00016106				
4 Date	5 Payee name				
01/08/2024	Joaquin Martinez Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	5503 Lawndale				
Expenditure from corporate funds	Houston, TX 77023-3818				
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				
	Contribution to committee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
01/08/2024	John Lujan Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 14479				
Expenditure from corporate funds	San Antonio, TX 78214-0479				
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				
	Contribution to committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experience to benefit ever					
Date	Payee name				
01/08/2024	Jolanda Jones				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	10709 Marsha Lane				
Expenditure from corporate funds	Houston, TX 77024-3122				
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.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Contribution to committee				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
3.,50	•				

#### 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	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: 9/13 Rpt: 27/32	Houston Pilots PAC Fund 00016106					
4 Date	5 Payee name					
01/08/2024	Jon Rosenthal for Texas					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	P.O. Box 56386					
Expenditure from corporate funds	Houston, TX 77256-6386					
8 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					
	Contribution to committee					
O Consulate ONLY if divent	On alidate (Office hadden grown of the country of t					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experientare to benefit Gree						
Date	Payee name					
01/08/2024	Lacey Hull for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
( ' '						
\$500.00	P.O. Box 19231					
Expenditure from						
corporate funds	Houston, TX 77224-9231					
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					
	Contribution to committee					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	•					
Date	Payee name					
01/08/2024	Mano DeAyala for State Representative					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	12335 Kingsride Lane #416					
Ψ000.00						
Expenditure from						
corporate funds	Houston, TX 77024-4116					
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.					
EXPENDITURE	Candidate/Officeholder/Political Committee					
	Contribution to committee					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4 7 1 0 1 1 5						
1 Total pages Schedule F1: Sch: 10/13 Rpt: 28/32	2 FILER NAME3 Filer ID(Ethics Commission Filers)Houston Pilots PAC Fund00016106					
4 Date	5 Payee name					
01/08/2024	Mike Schofield Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	1 E. Greenway Plaza, Suite 225					
Expenditure from	Houston, TV 77046-0106					
corporate funds	Houston, TX 77046-0106					
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					
	Contribution to committee					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
01/08/2024	Morgan LaMantia For Texas Senate					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	1324 E. Madison Ave					
\$1,000.00	1324 E. Mauison Ave					
Expenditure from						
corporate funds	Brownsville, TX 78520					
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					
	Contribution to committee					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	-l					
Date	Payee name					
01/08/2024	Ramon Romero Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	3907 E. Lancaster Avenue					
Expenditure from	Fort Worth TV 76102 2524					
corporate funds	Fort Worth, TX 76103-3524					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Contribution to committee					
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	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: 11/13 Rpt: 29/32	Houston Pilots PAC Fund 00016106				
4 Date	5 Payee name				
01/08/2024	Robert Nichols Campaign				
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 2347				
Expenditure from corporate funds	Jacksonville, TX 75766-0086				
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				
	Contribution to committee				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
01/08/2024	Sam Harless Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	15814 Champion Forest PMB 312				
Expenditure from corporate funds	Spring, TX 77379-7141				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
LAFENDITORE	Candidate/Officeholder/Political Committee				
	Contribution to committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
01/08/2024	Senfronia Thompson Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	4828 Loop Central Drive, #600				
Expenditure from corporate funds	Houston, TX 77081-1246				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
LAI LADITURE	Candidate/Officeholder/Political Committee				
	Contribution to committee				
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>y</b>				
İ					

#### 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/Officenoider/Political Committee Legal Services Salaries/Wages/Contract Labor 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: 12/13 Rpt: 30/32	Houston Pilots PAC Fund 00016106				
4 Date	5 Payee name				
01/08/2024	Shawn Thierry Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	5100 Westheimer, Suite 200				
Expenditure from corporate funds	Houston, TX 77056-5597				
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				
	Contribution to committee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Dete					
Date	Payee name				
01/08/2024	Texans for Dade Phelan				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	P.O. Box 5900				
Expenditure from corporate funds	Austin, TX 78763-5900				
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 to committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experientare to benefit ever					
Date	Payee name				
01/08/2024	Trent Ashby Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 412				
Expenditure from corporate funds	Lufkin, TX 75902-0412				
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				
	Contribution to committee				
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	Al 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: 13/13 Rpt: 31/32	Houston Pilots PAC Fund 00016106
4 Date	5 Payee name
01/08/2024	Valoree Swanson for Texas House Camapaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6046 FM 2920 #619
Expenditure from	
corporate funds	Spring, TX 77379-2542
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Gonalisadon de Gonalisado
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
5.	
Date	Payee name
01/08/2024	Yvonne Davis Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 763368
Expenditure from corporate funds	Dallas, TX 75376-3368
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 to committee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			SCHEDULE K	
The Instruction Guide explains how to complete this form.			pages Schedule K: 1/1 Rpt: 32/32	
PILER NAME Houston Pil	ets PAC Fund	3 Filer 0003	(Ethics Commission Filers)	
Date 01/08/2024	<ul> <li>Name of person from whom amount is received         Briscoe Cain Campaign     </li> <li>Address of person from whom amount is received; City; State</li> </ul>	e; Zip Code	8 Amount (\$) 	
	Deer Park, TX 77536  7 Purpose for which amount is received Voided check	X Check if political co	ntribution returned to filer	