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) 00058340 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Toll-free Highways Date Received **ELECTRONICALLY FILED** 02/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 317 Sidney Baker S, Suite 400-308 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78028 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sudie NAME NICKNAME LAST **SUFFIX** Sartor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3530 Eva Jane STREET **ADDRESS** (Residence or Business) San Antonio, TX 78261 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 488-5412 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

2 COMMITTEE NAME Texans for Toll-free H	łighways		13 File	r ID (E 58340	thics Commission Filers)
		A 0			
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JULIE CLARK US CC	ONGRESS CD 2	23	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	0 Management	A. Supported			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Зарропеа			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTUED)	TUAN	<u> </u>	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS (OTHER DESCRIPTIONS) OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	THAN	\$	0.00
	2. TOTAL POLITICA		OANS)	\$	309.65
	· - ` ` 	DGES, LOANS, OR GUARANTEES OF LO	UANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	724.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF TI G PERIOD	HE LAST DAY	\$	3,608.58
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	S AS OF THE	\$	0.00
6 AFFIDAVIT	l			<u> </u>	
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	es all information		
		Circumst	Sudie Sarto		
		Signal	ture of Campaign	rreasurer	
AFFIX NOTAF	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said		, this the _		day
of	, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer a	dministering oath

FORM GPAC **ADDENDUM**

							Page 3 of 19
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free Hig	hways				00058340	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JOHN DEVINE			
	(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.)		DAVID SCHENO	CK Court Of Crir	ninal Appeals,	Judge
	(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.)		GINA PARKER	Court Of Crimin	al Appeals, Jud	dge
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		applicable, classify by party.)					

FORM GPAC ADDENDUM

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					Fage 4 01 19
12 COMMITTEE N				13 Filer ID	(Ethics Commission Filers)
Texans for To	ll-free Highways			00058340	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		LEE FINLEY Court Of Crim	inal Appeals, Judge	е
(Attach lists on paper to comple report if necess	ete this	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	1. Candidates	A Supported	DALE HULS State Represe	antativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.		DALE HOLS State Represe	intative	
(Attach lists on paper to comple report if necess	ete this	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.)				
	1	1			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. STEVE TOTH State R	Representative	
(Attach lists on paper to comple report if necess	ete this	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.	.)			

FORM GPAC ADDENDUM

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					Fage 3 01 19
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		TOM GLASS State Representa	itive	
(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.)		KYLE BIEDERMANN State Re	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		DAVID COVEY 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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	13 Filer ID (Ethics Commission Filers)
	00058340
tes A. Supported MA` e or, if sify by party.)	ATTHEW MORGAN State Representative
B. Opposed	
S A. Supported te and on and	
B. Opposed	
ders e or, if sify by party.)	
tes A. Supported DEN e or, if sify by party.)	NNIS LONDON State Representative
B. Opposed	
S A. Supported te and on and	
B. Opposed	
e or, if	
e or, if	ES VIRDELL State Representative
B. Opposed	
te and on and	
B. Opposed	
e or, if	
	B. Opposed B. Opposed B. Supported te and ion and

FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		MIKE OLCOTT 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.)		KERESA RICHAARDSON Stat	e 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.)		SHELLEY LUTHER State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	•	•			

FORM GPAC ADDENDUM

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				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hi	ghways			00058340	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		KERRI KINGSBERY State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JOE COLLINS State Represent	tative	
(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.)		CHARLES BYRN State Repres	entative	
(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.)				

FORM GPAC ADDENDUM

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					1 age 0 01 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		TIM GREESON 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.)		JAIME HAYNES 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	1. Candidates (Identify by name or, if applicable, classify by party.)		DAVID LOWE State Represen	tative	
(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.)				
	•				

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free Hig	hways			00058340	
	COMMITTEE	1. Candidates	A. Supported	CHAD CARNAHAN State Repre	esentative	
	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	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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	AIMEE RAMSEY State Represe	entative	
		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.)				
			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.)		CHRIS SCHUCHARDT BEXAR 3	COUNT COM	MISSIONER, PRECINCT
	(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.)				

FORM GPAC **ADDENDUM**

					Page 11 01 19
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		DARRELL HALE COLLIN COU	INTY COMMISS	SIONER, PRECINCT 3
(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.)	A. Supported	CHRISTINA DREWRY SMITH 3	COUNTY COM	MISSIONER, PRECINCT
(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.)		NATHAN BUCHANAN BEXAR	COUNTY SHE	RIFF
(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

					12 of 19
		EE NAME or Toll-free Highways	18 Filer ID 00058340	(Ethics	s Commission Filers)
		E SUBTOTALS	Т		
	ME OF	S	UBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	309.65
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	SANIZATION	\$	
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	724.55
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 13/19	
2	FILER NAME Texans for T	oll-free Highways			3	Filer ID (Ethics Commission 00058340	n Filers)
4	Date 01/09/2024	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$50.00
_			1-		L		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 01/09/2024)		Amount of Contribution (\$)	\$25.00		
	Principal occu	San Antonio, TX 78261 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Retired	sation, our title (occ mandations)		Retired	,		
	Date Full name of contributor out-of-state PAC (ID#: 01/19/2024 Falcon Borel , Linda Contributor address; City; State; Zip Code		(ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78260					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (II 01/23/2024 Grams, Clyde Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Bulverde, TX 78163 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/02/2024 MATTHEW, TROY Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232					Amount of Contribution (\$)	\$104.65
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

MONE	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/2 Rpt: 14/19
2 FILER NAME Texans for Toll-free Highways			3 Filer ID (Ethics Commission Filers) 00058340
4 Date 01/19/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$50.00
9 Dringing og	San Antonio, TX 78259 cupation / Job title (See Instructions)	9 Employer (See Instructions	
Retired	upation / Job title (See instructions)	retired	5)
Date 01/24/2024	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 SIMS, DAVID Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5.00
	HUNTSVILLE, TX 77320	T = 1	
Principal occ RETIRED	cupation / Job title (See Instructions)	Employer (See Instructions	5)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/5 Rpt: 15/19	Texans for Toll-free Highways	00058340		
4 Date	5 Payee name			
01/10/2024	ALLSUPS			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$21.94	300 E. BROADWAY			
— Forestitus from				
Expenditure from corporate funds	SWEETWATER, TX 79556			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense TRAVEL		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held		
expenditure to benefit C/O				
Date	Payee name			
01/09/2024	ALLSUPS			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$30.37	300 E. BROADWAY			

Expenditure from corporate funds	SWEETWATER, TX 79556			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name Office so	Luaht Office held		
expenditure to benefit C/O		0.1100 110.12		
Date	Payee name			
01/19/2024	Anedot			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$7.29	1340 Poydras Street	ouc		
Ψ1.23	Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
		In		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check if Austin, TX, officeholder living expense		
		DONATION COLLECTIONS		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held		
expenditure to benefit C/O	п			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Cabadula F1:				
1 Total pages Schedule F1: Sch: 2/5 Rpt: 16/19	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texans for Toll-free Highways00058340			
4 Date	5 Payee name			
01/12/2024	BRACEROS DOWNTOWN			
6 Amount (\$) \$44.91	7 Payee address; City; State; Zip Code 724 SOUTH POLK ST			
Expenditure from corporate funds	AMARILLO, TX 79101			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
-	Check if Austin, TX, officeholder living expense			
	FOOD			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/10/2024	CHILIS PLAINVIEW			
Amount (\$)	Payee address; City; State; Zip Code			
\$43.11	1515 N INTERSTATE 27			
Expenditure from corporate funds	PLAINVIEW, TX 79072			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense			
	Check if Austin, TX, officeholder living expense			
	EVENT			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/19/2024	CONSTANT CONTAC			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.66	1601 TRAPELO RD			
720.00				
Expenditure from corporate funds	WALTHAM, MA 02451			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Advertising Expense			
	Check if Austin, TX, officeholder living expense			
	EMAILS			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Chromatics to Solicity (101)				

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: 3/5 Rpt: 17/19	Texans for Toll-free Highways 00058340			
4 Date	5 Payee name			
01/12/2024	COURTYARD BY MARRIOTT			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$266.26	726 SOUTH POLK ST			
Expenditure from corporate funds	AMARILLO, TX 79101			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Event Expense			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	HOTEL			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
01/10/2024	Enterprise Rent-A-Car			
Amount (\$)	Payee address; City; State; Zip Code			
\$182.87	2042 Sidney Baker Hwy			
Expenditure from corporate funds	Kerrville, TX 78028			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense CAR RENTAL			
	O, W. N.E.WIYAE			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	H Total Control of the Control of th			
Date	Payee name			
01/10/2024	FLYING J TRAVEL CENTER #723			
Amount (\$)	Payee address; City; State; Zip Code			
\$24.47	I-40E EXIT 76			
Expenditure from corporate funds	AMARILLO, TX 79118			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense			
	Check if Austin, TX, officeholder living expense			
	EVENT			
Complete ONLY if direct	Candidate/Officeholder name Office acusts			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 18/19	Texans for Toll-free Highways 00058340			
4 Date	5 Payee name			
01/11/2024	HEB Gas #561			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$21.96	407 South Adams Street			
Expenditure from corporate funds	Fredericksburg, TX 78624-4146			
8 PURPOSE				
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	GAS			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Pouro nomo			
01/12/2024	Payee name SCHLOTZSKYS			
Amount (\$)	Payee address; City; State; Zip Code			
\$28.53	204 SW GEORGIA AVE			
Expenditure from				
corporate funds	SWEETWATER, TX 79556			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Event Expense			
LAPENDITORE	Check if Austin, TX, officeholder living expense			
	FOOD			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experientare to benefit 6/61	<u> </u>			
Date	Payee name			
01/11/2024	SCHLOTZSKYS			
Amount (\$)	Payee address; City; State; Zip Code			
\$29.18	1423 SIDNEY BAKER HWY 110			
Expenditure from corporate funds	KERRVILLE, TX 78028			
<u> </u>				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	FOOD			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1: Sch: 5/5 Rpt: 19/19		3 Filer ID (Ethics Commission Filers) 00058340
4 Date 01/11/2024 6 Amount (\$)	5 Payee name SHELL SERVICE STATION 7 Payee address; City; State; Zip Code	•
\$13.00 Expenditure from corporate funds	528 MAIN STREET Kerrville, TX 78028-5307	
8 PURPOSE OF EXPENDITURE	Transportation Equipment a Related	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held