#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00070199 Date Received COMMITTEE Texas Assisted Living Association PAC **ELECTRONICALLY FILED** NAME 02/05/2024 TREASURER Martinez, Diana M. (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** We had several items that didn't get logged last year because they didn't clear the bank in 2023 or we couldn't ascertain who someone was. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mrs. Diana M. Martinez Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### 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) 00070199 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Assisted Living Association PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4505 Spicewood Springs Rd., Ste. 350 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78759 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Diana M. NAME NICKNAME LAST **SUFFIX** Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4505 Spicewood Springs Rd., Ste. 350 STREET **ADDRESS** (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4505 Spicewood Springs Rd., Ste. 350 MAILING **ADDRESS** Austin, TX 78759 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 914-3908 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 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)
Texas Assisted Living	Association PAC		00070199	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,636.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	20,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	163,789.33
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<b>L</b>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Diana	M. Martinez	
		Signature of Car	ກpaign Treasເ	ırer
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 office	cer administering oath

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					4 of 16
<b>17</b> C	TTIMMC	18 Filer ID	(Ethics Con	nmission Filers)	
Texas Assisted Living Association PAC 00070199					
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,050.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	6,586.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	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 (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10	). X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	20,000.00
11	🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	ı. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13	i. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	376.82
15	i. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	13.96

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to	o complete this form	1.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/16	
2	FILER NAME Texas Assist	ed Living Association PAC			3	Filer ID (Ethics Commission 00070199	on Filers)
4	Date 12/07/2023	<ul><li>5 Full name of contributor Capelo Law Firm</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	l g	Employer (See Instructions	)		
_	1 morpai occa	pation, volume (eee metactions)			,		
	Date 12/28/2023	Full name of contributor  Corzine, Shawn  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)		Employer (See Instructions	)		
	President	,		Silver Point	,		
	Date 12/07/2023	Full name of contributor  Fast Nurse Staff LLC  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Portland, OR 97224					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/09/2023	Full name of contributor Gray, Jim Contributor address; City; State Houston, TX 77024	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Bridgewood Property	)		
	Date 12/07/2023	Full name of contributor Infinity Pharmacy Solutions Contributor address; City; State Richardson, TX 75082	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CON	ITRIBUTIONS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this form	1.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/16	
2	FILER NAME Texas Assist	ed Living Association PAC			3	Filer ID (Ethics Commission 00070199	on Filers)
4	Date 12/07/2023	Infinity Pharmacy Solutions	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$1,000.00
0	Dringing oggu	Richardson, TX 75082	lo i	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	,		
	Date 12/07/2023	Full name of contributor out  JAMP Enterprise  Contributor address; City; State; Zig	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75254	· · · · · · · · · · · · · · · · · · ·				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 12/07/2023	Full name of contributor out Lux Manufacturing Group LLP Contributor address; City; State; Zip	rt-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Vancouver British Columbia V6E	B5A7 Canada				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 11/30/2023	Full name of contributor out Macleod, Michelle (Mrs.)  Contributor address; City; State; Zip  Murphy, TX 75094		)		Amount of Contribution (\$)	\$750.00
	Principal occu Managing At	pation / Job title (See Instructions) torney		Employer (See Instructions) Macleod Law Firm PLLC			
	Date 07/13/2023	Martinez, Diana	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions)	)		
			I				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/16	
2	FILER NAME Texas Assist	ted Living Association PAC				3	Filer ID (Ethics Commission 00070199	on Filers)
4	Date 11/15/2023	<ul><li>5 Full name of contributor Martinez, Diana</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78759						
8	Principal occu President	pation / Job title (See Instructions	s) 	9	Employer (See Instructions TALA	s)		
	Date 12/07/2023	Full name of contributor McCurdy, Lucas Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Highland Village, TX 750 pation / Job title (See Instructions			Employer (See Instructions	<u>s)</u>		
	Founder	panon / dob the (occ mondent)	,,		The Bridge Group Cons		ction	
	Date 12/01/2023	Full name of contributor Mueller, Marc Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,000.00
		Portland, OR 97225						
	Principal occu Managing A	pation / Job title (See Instructions dvisor	s) 		Employer (See Instructions Pure Solutions	s) 		
	Date 12/22/2023	Full name of contributor Oksner, Andrew Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions	(5)		Employer (See Instructions CP Senior Living LLC	s)		
	Date 11/09/2023	Full name of contributor Ramsey, Renee Contributor address; City; S Plano, TX 75093	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner/CEO	pation / Job title (See Instructions	s)		Employer (See Instructions Mustang Creek Estates			

	WONET	ARY POLITICAL (		CNIV		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/16	
2	FILER NAME Texas Assist	ted Living Association PAC			3	Filer ID (Ethics Commission 00070199	on Filers)
4	Date 12/14/2023	<ul><li>5 Full name of contributor Riggs, Le</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
		Richmond, TX 77406					
8	Regional Vic		s) 	9 Employer (See Instructions Silverado Senior Living	s)		
	Date 11/15/2023	Full name of contributor Taylor-Roberts, Traci Contributor address; City; Si San Marcos, TX 78666	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Sodalis Senior Living	<u>                                      </u>		
	Date 11/29/2023	Full name of contributor Thomas, Sarah Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77008  pation / Job title (See Instructions	s)	Employer (See Instructions MezTal	<u> </u> s)		
	Date 12/28/2023	Full name of contributor Tilton, Carmen Contributor address; City; Si Austin, TX 78759	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$200.00
	Principal occu VP of Public	pation / Job title (See Instructions Policy	s)	Employer (See Instructions TALA	5)		
	Date 11/15/2023	Full name of contributor Tussing, Heather Contributor address; City; Si Katy, TX 77493	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions	s)	Employer (See Instructions The Aspenwood Compa			

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Assisted Living Association PAC 00070199 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/29/2023 Roderick, Gregory \$6,586.00 Hosting an event 7 Contributor address; City; State; Zip Code Portland, OR 97224 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) President Frontier Management 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 10/16	Texas Assisted Living Association PAC  Texas Assisted Living Association PAC  00070199
4 Date	5 Payee name
10/27/2023	Clardy, Travis (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	Travis Clardy Campaign
	209 E Main St
Expenditure from corporate funds	Nacogdoches, TX 75961
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
	Campaigh contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/26/2023	Frank, James (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	James Frank Campaign
Ψ2,000.00	. •
Expenditure from	3808 B Kemp Blvd, Suite 321
corporate funds	Wichita Falls, TX 76308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2023	Johnson, Nathan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	Nathan Johnson Campaign
	P.O. Box 670994
Expenditure from corporate funds	Dallas, TX 75367-0994
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	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 11/16	Texas Assisted Living Association PAC	00070199
4 Date	5 Payee name	<u> </u>
12/06/2023	Johnson, Nathan (Sen.)	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$2,500.00	Nathan Johnson Campaign	
	P.O. Box 670994	
Expenditure from corporate funds	Dallas, TX 75367-0994	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/29/2023	Klick, Stephanie (Rep.)	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$2,000.00	Stephanie Klick Campaign	
	P.O. Box 7592	
Expenditure from corporate funds	Fort Worth, TX 76111	
PURPOSE	·	(h) Description
OF	,	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/11/2023	Leach, Jeff (Rep.)	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$2,000.00	Jeff Leach Campaign	
— Formanditum from	P.O. Box 866186	
Expenditure from corporate funds	Plano, TX 75086	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Since had

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 12/16	Texas Assisted Living Association PAC 00070199
4 Date	5 Payee name
12/18/2023	Miles, Borris (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	Borris Miles Campaign
	5302 Almeda Rd
Expenditure from corporate funds	Houston, TX 77004
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
	Campaigh contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/18/2023	Noble, Candy (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Candy Noble Campaign
Ψ2,000.00	
Expenditure from	1105 E Main Street #223
corporate funds	Allen, TX 75002
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.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/07/2023	Raymond, Richard (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Richard Raymond Campaign
	P.O. Box 450349
Expenditure from corporate funds	Laredo, TX 78045
PURPOSE	I
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	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	

### 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 E Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District cal 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: 4/4 Rpt: 13/16	Texas Assisted Living Association PAC 00070199
4 Date	5 Payee name
12/29/2023	West, Royce (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	Royce West Campaign
- Consulting from	5787 South Hampton, Suite 255
Expenditure from corporate funds	Dallas, TX 75232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.
Total pages Schedule I:     Sch: 1/2 Rpt:	2 FILER NAME Texas Assisted Living Association PAC  3 Filer ID (Ethics Commission Filers) 00070199
4 Date 07/03/2023	5 Payee name BOA Merchant Services
6 Amount (\$)  16.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Bank and credit card fees
Date 08/02/2023	Payee name BOA Merchant Services
Amount (\$)  17.92  Expenditure from corporate funds	Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Bank and credit card fees
Date 09/05/2023	Payee name BOA Merchant Services
Amount (\$)  16.00  Expenditure from corporate funds	Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Bank and credit card fees
Date 10/02/2023	Payee name BOA Merchant Services
Amount (\$)  16.00  Expenditure from corporate funds	Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Bank and credit card fees

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Assisted Living Association PAC  3 Filer ID (Ethics Commission Filers) 00070199			
4 Date 11/02/2023	5 Payee name BOA Merchant Services			
6 Amount (\$)  16.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Bank and credit card fees			
Date 12/04/2023	Payee name BOA Merchant Services			
Amount (\$)  294.90  Expenditure from corporate funds	Payee Address; City; State; Zip 150 N. College St. 15th Floor Charlotte, NC 28202			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.) Bank and credit card fees			
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### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Assisted Living Association PAC 00070199 8 Amount (\$) Date 5 Name of person from whom amount is received 08/08/2023 \$0.08 **BOA Merchant Services** 6 Address of person from whom amount is received; City; State; Zip Code Charlotte, NC 28202 Purpose for which amount is received Check if political contribution returned to filer **BOA Merchant Rewards** Amount (\$) Name of person from whom amount is received Date 12/07/2023 **BOA Merchant Services** \$13.88 Address of person from whom amount is received; City; State; Zip Code Charlotte, NC 28202 Purpose for which amount is received Check if political contribution returned to filer **BOA Merchant Rewards**