#### 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) 00082357 3 COMMITTEE NAME **OFFICE USE ONLY** #PROJECTREDTX Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10 N Caddo St. #108 Date Hand-delivered or Date Postmarked Change of Address Cleburne, TX 76033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Patrick NAME NICKNAME LAST **SUFFIX** Hamilton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10 Caddo St. #108 STREET **ADDRESS** (Residence or Business) Cleburne, TX 76033 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 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 Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 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  #PROJECTREDTX		13	Filer ID 00082357	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY  1. Candidates (Identify by name o applicable, classify	r, if	la Ruiz McKee County Cha	irman	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measures     (Describe by date a of election and nature)				
	B. Opposed			
3. Officeholde Assisted (Identify by name o applicable, classify	r, if			
TOTALS PLEDGES, CONTRIBL	ITEMIZED POLITICAL CONTRIE LOANS, OR GUARANTEES OF JTIONS MADE ELECTRONICAL this report qualifies for the higher item	LOANS, OR LY)	\$	0.00
2. TOTAL P	OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GU	<b>i</b>	\$	0.00
EXPENDITURE 3. TOTAL UN TOTALS	ITEMIZED POLITICAL EXPEND	ITURES	\$	0.00
4. TOTAL P	OLITICAL EXPENDITURES		\$	22,148.34
	LITICAL CONTRIBUTIONS MAIN EPORTING PERIOD	NTAINED AS OF THE LAST DA	AY \$	626,317.44
	INCIPAL AMOUNT OF ALL OUT OF THE REPORTING PERIOD	STANDING LOANS AS OF TH	E \$	0.00
6 AFFIDAVIT			·	
	true and	or affirm, under penalty of perju correct and includes all informa de 15, Election Code.		
		Mr. Patrick	Hamilton	
		Signature of Camp		ror
AFFIX NOTARY STAMP / SEAL	ABOVE	Signature of Camp	Jaigii Treasu	ici
Sworn to and subscribed before me, by t	ho said	thic	tho	day
of, 20,			. uie	uay
, 25		and some or smoot		
Signature of officer administering oath	Printed name of officer	administering oath	Title of office	cer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC ADDENDUM

					Page 3 of 15
			1	13 Filer ID	(Ethics Commission Filers)
				00082357	
Candidates (Identify by name or, if applicable, classify by party.)		Rhonda Vigil County Ch	hairman		
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Kira Sanchez County A	ttorney		
	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.)					
	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.)  1. Candidates (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.)	(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.)  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.)  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted  A. Supported	(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 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 Kira Sanchez County A Supported Kira Sanchez County A Supported Sanchez Coun	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     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Kira Sanchez County Attorney  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders A. Supported  B. Opposed  3. Opposed  3. Officeholders A. Supported  A. Supported  B. Opposed	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 Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Kira Sanchez County Attorney  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Kira Sanchez County Attorney  B. Opposed  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			4 of 15
17 COMMITTE #PROJEC		<b>18</b> Filer ID 00082357	(Ethics Commission Filers)
19 SCHEDULE NAME OF S			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 22,148.34
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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	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: 1/11 Rpt: 5/15	#PROJECTREDTX 00082357
4 Date	5 Payee name
02/23/2024	Black Bear Dinner
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.89	600 West Expressway 83
Expenditure from corporate funds	McAllen, TX 78501
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Travel Meal for Staff
	Travel Medi for Stall
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
02/21/2024	Bucees
Amount (\$)	Payee address; City; State; Zip Code
\$40.84	2760 135
Expenditure from	Now Prounfole, TV 70120
corporate funds	New Braunfels, TX 78130
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
	Traverr del for Stall
Compulate ONLY if divest	Condidate/Officeholder some Office anything
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	CORE PAC
Amount (\$)	Payee address; City; State; Zip Code
\$4,500.00	Box 17254
•	
Expenditure from corporate funds	Ft Worth, TX 76102
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
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
	PAC Contribution
	The Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
,	

### 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	omplet	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/11 Rpt: 6/15	#PROJECTREDTX			00082357	
4 Date	5 Payee name		<u> </u>		
02/23/2024	Chevron				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$61.40	211 E US 281				
Expenditure from corporate funds	Hidalgo, TX 78557				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description		
OF EXPENDITURE	Travel In District	[	Check if travel outside		
			Check if Austin, TX,  Travel Fuel for S		y expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
expenditure to benefit C/OI		9-10		200 110	<del></del> -
Date	Pausa mama				
01/27/2024	Payee name Double Tree				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$160.51	1800 s 2nd Street				
Expenditure from corporate funds	McAllen, TX 78503				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description		
OF EXPENDITURE	Travel In District		Check if travel outside		
LXI LINDITORE			Check if Austin, TX,		
		′	Accommodation	s for Staff 1	ravei
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	old.
expenditure to benefit C/O		ugnt		Office file	siu
5.	T _				
Date	Payee name				
01/27/2024	Double Tree				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$19.24	1800 s 2nd Street				
Expenditure from					
corporate funds	McAllen, TX 78503				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description		
OF EXPENDITURE	Travel In District	[	Check if travel outside		
			Check if Austin, TX,  Staff Travel Mea		y expense
		`	Ciaii Havei Mea	u	
Complete ONLY if direct	Candidate/Officeholder name Office sou	uabt		Office he	əld
expenditure to benefit C/O		agrit		Onice H	Jiu

### 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)

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: 3/11 Rpt: 7/15	#PROJECTREDTX	00082357
4 Date	5 Payee name	1
02/01/2024	Fischer Law	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$600.00	430 Old Fitzhugh #7	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Services
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/15/2024	Gary Seven	
Amount (\$)	Payee address; City; State; Zip C	ode
\$2,000.00	1108 Lavaca St #110-708	
— Franciskus from		
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		PAC Rent
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/20/2024	GoDaddy	
Amount (\$)	Payee address; City; State; Zip C	ode
\$70.93	2155 E Warner Rd	
Evpanditure from		
Expenditure from corporate funds	Tempe, AZ 85284	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Tech Services
		Campaign 10011 Col Vices
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a settlement part listed above)

Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/11 Rpt: 8/15	#PROJECTREDTX 00082357
4 Date	5 Payee name
02/23/2024	HEB Gas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.89	115 E Mail
Expenditure from	
corporate funds	Alice, TX 78332
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Travel Fuel for Staff
	Traverr derior Stair
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/21/2024	Hampton Inn
	·
Amount (\$)	Payee address; City; State; Zip Code
\$180.01	10 West expressway
Expenditure from corporate funds	McAllen, TX 78503
	<u> </u>
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Accommodations for Staff Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/22/2024	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$212.87	617 W Expressway 83
Expenditure from corporate funds	McAllen, TX 78503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Accommodations for Staff Travel
Complete ONLY if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to com	·
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 9/15	#PROJECTREDTX	00082357
4 Date	5 Payee name	
02/17/2024	Intuit	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$31.98	2801 E Commerce Center PI	
Expenditure from corporate funds	Tucson, AZ 85707	
8 PURPOSE		b) Description
OF	g y (ere emegeries maner an are top or and constant)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Software License
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		. Shoo hou
Date	Payee name	
02/05/2024	Judson Stafford	
Amount (\$)	Payee address; City; State; Zip Code	e
\$5,000.00	505 West State St	
Expenditure from corporate funds	Garland, TX 75040	
PURPOSE OF	g y (est sampling and the top a time service,	b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Signage Services
		Signage Services
One of the ONE Wife disease	Out district 10ff as had done as a second	office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
experientare to serious eye.		
Date	Payee name	
02/21/2024	Mi Rancio	
Amount (\$)	Payee address; City; State; Zip Code	e
\$29.42	820 S US 281	
Expenditure from	Ali TV 70000	
corporate funds	Alice, TX 78332	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Meal for Staff
		- m
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
CAPCHARAGE TO DETICITE C/OF		
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#### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 10/15	#PROJECTREDTX 00082357
4 Date	5 Payee name
02/22/2024	Palenque Grill
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$23.47	2200 S 1oth
Expenditure from corporate funds	McAllen, TX 78503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Travel Meal for Staff
	Traver Wear for Stair
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	David and the second se
02/21/2024	Payee name
	Pappadadeaux
Amount (\$)	Payee address; City; State; Zip Code
\$23.76	1610 W Expressway
Expenditure from	
corporate funds	Pharr, TX 78577
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Travel Meal for Staff
	Travel Weal for Stall
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/07/2024	Payee name Protect and Serve
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 622
Expenditure from	
corporate funds	Austin, TX 78767
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### 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	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: 7/11 Rpt: 11/15	#PROJECTREDTX 00082357
4 Date	5 Payee name
01/26/2024	Shell Oil
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$60.70	3835 E Loop 1604
Expenditure from corporate funds	Converse, TX 78109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fuel Costs for Staff Travel
	Tuel Gosts for Stall Havel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/21/2024	Sunoco Rivera
Amount (\$)	Payee address; City; State; Zip Code
\$2.09	6240 S Hwy 77
Expenditure from	
corporate funds	Riviera, TX 78379
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
_//	Check if Austin, TX, officeholder living expense
	Travel Meal for Staff
One alst ONE With the st	One districts (Office healths are seen
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
02/21/2024	Sunoco Rivera
Amount (\$)	Payee address; City; State; Zip Code
\$36.58	6240 S Hwy 77
Funanditure from	
Expenditure from corporate funds	Riviera, TX 78379
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Fuel for Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/Of	'

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/11 Rpt: 12/15	#PROJECTREDTX 00082357
4 Date	5 Payee name
02/02/2024	Sunrise Resturant
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.99	510 E Main St
Expenditure from corporate funds	Uvalde, TX 78801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Travel Meal for Staff
	Traver Mear for Stair
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
02/16/2024	SurfShark
Amount (\$)	Payee address; City; State; Zip Code
\$13.99	16192 Coastal Hwy
Expenditure from corporate funds	Lewes, DE 19958
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software License
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
02/20/2024	SurfShark
Amount (\$)	Payee address; City; State; Zip Code
\$13.99	16192 Coastal Hwy
Expenditure from corporate funds	Lewes, DE 19958
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software License
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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 3	#PROJECTREDTX 00082357
Sch: 9/11 Rpt: 13/15	L
4 Date	5 Payee name
02/01/2024	Texas Trade Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,185.60	2935 Irving Suite 201
Expenditure from	Dallas, TX 75247
corporate funds	
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
O Compulate ONLY if diseast	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$760.00	2935 Irving Suite 201
*******	
Expenditure from	Dellas TV 75247
corporate funds	Dallas, TX 75247
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Illikilid Filliding for N Sandriez
0 1: 0.11.7.7.1.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
02/14/2024	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	2935 Irving Suite 201
Ψ200.00	
Expenditure from	_ "
corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Inkind Printing for K Sanchez
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 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	I 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: 10/11 Rpt: 14/15	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
02/01/2024	Texas Trade Graphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,733.20	2935 Irving Suite 201		
Expenditure from corporate funds	Dallas, TX 75247		
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		
	IIIKIII ETIIILII OT IV VIGII		
Complete ONLY if direct	Candidate/Officeholder name Office sought		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/29/2024	UPS Store		
Amount (\$)	Payee address; City; State; Zip Code		
\$16.01	1108 Lavaca St #110-708		
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Shipping		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Date	Payee name		
02/22/2024	Viva		
Amount (\$)	Payee address; City; State; Zip Code		
\$38.98	202 W Whiting		
400.00	Lot W Williams		
Expenditure from	C Dodge Joland TV 70007		
corporate funds	S Padre Island, TX 78597		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description		
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Travel Meal for Staff		
	That of the standard of the st		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

#### 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
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/11 Rpt: 15/15	#PROJECTREDTX	00082357
4 Date	5 Payee name	·
01/29/2024	Willacy County Republican Party	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$1,000.00	972 W Wood Ave	
Expenditure from corporate funds	Raymondville, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution
		Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		The Office Held