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) 00015670 3 COMMITTEE NAME **OFFICE USE ONLY** Plumbers Local #68 PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8746 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77249-8746 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William A. NAME NICKNAME LAST **SUFFIX** Venable Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 502 Link Rd STREET **ADDRESS** (Residence or Business) Houston, TX 77009 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 8746 MAILING **ADDRESS** Houston, TX 77249-8746 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 869-3592 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 P.	AC		00015670	
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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Trent Ashby State Representa	tive	
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	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,153.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	50,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	25,568.38
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 petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. William	A. Venable II	
		Signature of Car	npaign Treasur	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
		, th	nis the	day
of	, 20, to certify v	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

					Page 3 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PA	AC .			00015670	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
report if necessary.)					
	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.)		Travis Clardy State Representat	tive	
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			
	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.)		Earnest Bailes State Representa	ative	
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			
	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.)		Jacey Jetton State Representati	ive	
	Assisted (Identify by name or, if		Jacey Jetton State Representati	ive	

FORM GPAC ADDENDUM

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				rage 4 01 21
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC			00015670	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	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			
Officeholders Assisted (Identify by name or, if applicable, classify by par		eyonds State Representati	ive	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	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			
Officeholders Assisted (Identify by name or, if applicable, classify by par		Holland State Representat	tive	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by par	A. Supported			
(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 par		ick Frazier State Represer	ntative	

P 14 C A (A	OMMITTEE NAME lumbers Local #68 PA OMMITTEE CTIVITY	С			13 Filer ID	(Ethics Commission Filers)
14 C A (A	OMMITTEE	С				
A (A pa					00015670	
re	Attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
	eport if necessary.)					
		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.)		Reggie Smith State Representa	tive	
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
pa	Attach lists on plain aper 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			
			В. Оррозси			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Lynn Stucky State Representati	ve	
	OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
pa	Attach lists on plain aper 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 applicable, classify by party.)		David Spiller State Representati	ive	

			40 5110	
			13 Filer ID	(Ethics Commission Filers)
8 PAC			00015670	
Candidates (Identify by name or, if applicable, classify by party.) is	A. Supported 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.)		Stan Lambert State Representa	itive	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
is	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.)		Dustin Burrows State Represen	tative	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
is	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.)		Ken King State Representative		
	Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) S 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	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 B. Opposed 3. Officeholders Assisted	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 A. Supported Ken King State Representative (Identify by name or, if	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 A. Supported Supported A. Supported E. Opposed A. Supported Supported E. Opposed A. Supported E. Opposed B. Opposed Supported

12 COMMITTEE					
	NAME			13 Filer ID	(Ethics Commission Filers)
Plumbers Lo	ocal #68 PAC			00015670	
14 COMMITTEE ACTIVITY (Attach lists of paper to company)	(Identify by name or, if applicable, classify by par n plain plete this	A. Supported ty.) B. Opposed			
report if neces					
	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 par	ty.)	Charlie Geren State Representa	tive	
COMMITTEE ACTIVITY	(Identify by name or, if applicable, classify by par	A. Supported			
(Attach lists o paper to com report if nece	plete this	B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed			
		Б. Оррозой			
	Officeholders Assisted (Identify by name or, if applicable, classify by par	ty.)	Briscoe Cain State Representati	ive	
COMMITTEE ACTIVITY	(Identify by name or, if applicable, classify by par	A. Supported			
(Attach lists o paper to com report if nece	plete 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 par	ty.)	Alma Allen State Representative	9	

						Page 8 of 27
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			00015670	
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
	report if necessary.)					
		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.)		Mano DeAyala State Represent	ative	
	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			
		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.)		Harold Dutton State Representa	ıtive	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mo Jenkins 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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

					Page 9 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC				00015670	
ACTIVITY (Attach lists on plain paper to complete this	 Candidates (Identify by name or, if applicable, classify by party.) 	A. Supported B. Opposed			
report if necessary.)					
(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.)		Brandon Creighton State Senato	or	
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			
(2. Measures (Describe by date and location of election and nature of issue.)	A. SupportedB. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Keith Bell La Marque Mayor		
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JaPaula Kemp Ft. Bend JP Pct 2	2, Pl 2	
(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.)				

					Page 10 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PA	۱C			00015670	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed			
report if necessary.)					
	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.)		Eric Fagan Ft. Bend Sheriff		
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			
	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.)		Suleman Lalani State Represer	ntative	
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			
	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.)		Nabil Shike Ft. Bend Constable	Pct 3	
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	B. Opposed	Nabil Shike Ft. Bend Constable	Pct 3	

							Page 11 of 27
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С				00015670	
	COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Patrick Quincy	/ Ft. Bend Consta	ble Pct 4	
	paper to complete this report if necessary.)						
		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.)		Rex Lindberg	Pasadena Mayor		
	(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.)		Aaron Montes	nieto Cleveland I	SD Trustee Pos	s 1
	(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.)					
		applicable, classify by party.)					

						Page 12 01 27
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC					00015670	
	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			
		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.)		Amy Peck Houston City Council	Dist A	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Annette Ramirez Harris County	Tax Assessor (Collector
	(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.)		Nick Kroupa Gillespie County S	heriff	
	(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.)				

ission Filers)
At Lg Pos 3

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			14 of 27
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Plumbers	Local #68 PAC	00015670	
19 SCHEDUL	E SUBTOTALS	<u></u>	
NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,153.52
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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	\$ 50,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
uction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 1/1 Rpt: 15/27	
ccal #68 PAC		3 Filer ID (Ethics Commission Filers) 00015670
9/2024 5 Full name of contributor out-of-state PAC (ID#:) PLUMBERS LOCAL UNION NO. 68 PAC FUND 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$14,153.52
Houston, TX 77249		
upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	totion Guide explains how to complete the ocal #68 PAC 5	bocal #68 PAC 5

SCHEDULE F1

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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	The instruction dulue explains now to complete	ic this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 16/27	Plumbers Local #68 PAC	00015670
4 Date	5 Payee name	
01/31/2024	Allen Campaign, Alma	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P O Box 56386	
Expenditure from corporate funds	Houston, TX 77256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Allen, Alma	Office held State Representative District
Date	Payee name	
01/31/2024	Ashby Campaign, Trent	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P O Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	¹ Ashby, Trent	State Representative District 9
Date	Payee name	
01/31/2024	Bailes Campagn, Ernest	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P O Box 1232	
Expenditure from corporate funds	Shepherd, TX 77371	
PURPOSE OF	·	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
		Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		State Representative District 18

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 2/12 Rpt: 17/27	2 FILER NAME Plumbers Local #68 PAC	3 Filer ID (Ethics Commission Filers) 00015670
·		00013070
4 Date	5 Payee name	
02/02/2024	Bell Campaign, Keith	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	P O Box 1653	
Expenditure from corporate funds	La Marque, TX 77568	
8 PURPOSE) 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
		Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	H Bell, Keith	La Marque Mayor
Date	Davis nama	
02/16/2024	Payee name	
	Benavides Campaign, Sofia	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	5220 Wilderness Dr	
Expenditure from		
corporate funds	Brownsville, TX 78520	
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	Check if Austin, TX, officeholder living expense
		Campaign donation
Complete ONLY if direct	Candidate/Officeholder name Office sough	
expenditure to benefit C/OI	¹ Benavides, Sofia	Cameron County Commissioner
Date	Payee name	
01/31/2024	Burrows Campaign, Dustin	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	P O Box 2569	
42,000.00	. C 25% 2500	
Expenditure from	Lubback TV 70400	
corporate funds	Lubbock, TX 79408	
PURPOSE OF) Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Campaign contribution
		Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OH Burrows, Dustin		State Representative District 83
-	Duriows, Dustin	State Nepresentative District 65

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/12 Rpt: 18/27	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
01/31/2024	Cain Campaign, Briscoe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P O Box 7
Expenditure from corporate funds	Deer Park, TX 77536
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
	Campaign contribution
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Calif, Briscoe State Representative District
Date	Payee name
01/31/2024	Clardy Campaign, Travis
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	209 E Main St
Expenditure from	Nacondophoe TV 7E061
corporate funds	Nacogdoches, TX 75961
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 Campaign contribution
	Campaigh Contribution
Complete ONLY if divest	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1
	Clardy, Travis State Representative District 11
Date	Payee name
01/31/2024	Coalition for Working Families PAC
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P O Box 60402
,	
Expenditure from	Corpus Christi TV 79466
corporate funds	Corpus Christi, TX 78466
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
	GOT V UNVE
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to belieff 0/01	•
Farmer man dalah bu Turus F	Ni- O

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 19/27	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
01/31/2024	Creighton Campaign, Brandon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2257 N Loop 336 Ste 140-366
Expenditure from corporate funds	Conroe, TX 77304
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/31/2024	DeAyala Campaign, Mano
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Ln #416
Expenditure from corporate funds	Houston, TX 77024
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
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date 01/31/2024	Payee name Dutton Campaign, Harold
	Dutton Campaign, Harold
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4001 Jewett St
Expenditure from corporate funds	Houston, TX 77026
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/12 Rpt: 20/27	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
02/02/2024	Fagan Campaign, Eric
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10330 Hwy 6 Ste D #134
Expenditure from corporate funds	MIssouri City, TX 77459
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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/31/2024	Frazier Campaign, Frederick
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4100 Eldorado Pkwy Ste 100
	PMB 241
Expenditure from corporate funds	McKInney, TX 75070
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
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	Frazier, Fredetick State Representative District 61
Date	Payee name
01/31/2024	Geren Campaign, Charlie
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P O Box 1440
Expenditure from corporate funds	Ft Worth, TX 76101
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
	Campaign contribution
Occupations Children	Open districts (Office health are now as a constant of the con
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Caron, Charling State Representative District 00
5	Geren, Charlie State Representative District 99

SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/12 Rpt: 21/27 Plumbers Local #68 PAC 00015670 4 Date Payee name 01/31/2024 Holland Campaign, Justin Amount (\$) Payee address; State; Zip Code \$1,000.00 3021 Ridge Rd Ste A Box 79 Expenditure from Rockwall, TX 75032 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Holland, Justin State Representative District 33 Date Payee name 01/31/2024 Jenkins Campaign, Mo Amount (\$) Payee address; City; State; Zip Code \$500.00 1717 W 34th St Ste 600-263 Expenditure from Houston, TX 77018 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Jenkins, Mo State Representative District 139 Date Payee name 01/31/2024 Jetton Campaign, Jacey Amount (\$) Payee address: City: State; Zip Code \$500.00 1723 Hearthside Ct Expenditure from corporate funds Richmond, TX 77406 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Jetton, Jacey State Representative District 26

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

Contributions/ Donations Made By 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: 7/12 Rpt: 22/27	Plumbers Local #68 PAC 00015670		
4 Date	5 Payee name		
02/02/2024	Kemp Campaign, JaPaula		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	P O Box 577		
Expenditure from corporate funds	Missouri City, TX 77489		
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		
	Campaign contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	H Kemp, JaPaula Ft. Bend JP Pct 2, Pl 2		
Date	Payee name		
01/31/2024	King Campaign, Ken		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	P O Box 1202		
Expenditure from corporate funds	Canadian, TX 79014		
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		
0 1 0 0 1 0			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	¹ King, Ken State Representative District 88		
Date	Payee name		
02/14/2024	Kroupa Campaign, Nick		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	P O Box 2844		
Expenditure from corporate funds	Fredericksburg, TX 78624		
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		
	Campaign donation		
Complete ONII V Station	Condidate/Officeholder name Office sought		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Kroupa, Nick Gillespie County Sheriff		
,	Gillespie County Sheriff Kroupa, Nick Gillespie County Sheriff		

SCHEDULE F1

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

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

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

Candidate/Officenolder/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: 8/12 Rpt: 23/27	Plumbers Local #68 PAC 00015670	
4 Date	5 Payee name	
02/02/2024	Lalani Campaign, Suleman	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P O Boc 6514	
— Forestitus from		
Expenditure from corporate funds	Houston, TX 77265	
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	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	<u> </u>	
Date	Payee name	
01/31/2024	Lambert Campaign, Stan	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P O Box 3752	
Expenditure from		
corporate funds	Abilene, TX 79604	
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	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
	<u> </u>	
Date	Payee name	
02/06/2024	Lindberg Campaign, Rex	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	3503 Saint Jude Dr	
— Constantitude forms		
Expenditure from corporate funds	Pasadena , TX 77505	
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	
	Campaign contribution	
One make the ONII Wife diagram	Out it is to 10ff as held a second to 10ff as held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lindborg Roy Recording Mayor		
'	Lindberg, Rex Pasadena Mayor	

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/12 Rpt: 24/27	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
02/08/2024	Montesnieto Campaign, Aaron
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1601 North Blair Ave
Expenditure from corporate funds	Cleveland, TX 77327
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 Campaign contribution
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5 .	
Date	Payee name
02/08/2024	Peck Campaign, Amy
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	7941 Katy Frwy #108
— Formanditure from	
Expenditure from corporate funds	Houston, TX 77024
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/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	Peck, Amy Houston City Council Dist A
Date	Payee name
02/02/2024	Quincy Campaign, Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5614 W Grand Pkwy S
	Ste 102 #253
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE	In.
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 Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Quincy, Patrick Ft. Bend Constable Pct 4

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 comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/12 Rpt: 25/27	Plumbers Local #68 PAC	00015670
4 Date	5 Payee name	
01/31/2024	Ramirez Campaign , Annette	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$1,000.00	19200 Space Center Blvd #2613	
Expenditure from corporate funds	Houston, TX 77032	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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
		Campaign contribution
O Committee ONII V M slive at	Occasional de la Company de la	Office health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	
	Ramirez, Annette Harris Cou	nty Tax Assessor
Date	Payee name	
01/31/2024	Reynolds Campaign, Ron	
Amount (\$)	Payee address; City; State; Zip Code	Э
\$1,500.00	6140 Hwy 6 South #233	
Expenditure from corporate funds	Missouri City, TX 77459	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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
		Campaign contribution
Opening to ONII V & discont	Occasional de la Company de la	Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	
	H Reynolds, Ron	State Representative District 27
Date	Payee name	
02/02/2024	Shike Campaign, Nabil	
Amount (\$)	Payee address; City; State; Zip Code	Э
\$500.00	12323 Ashford Hollow Dr	
Expenditure from corporate funds	Sugarland, TX 77478	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign contribution
	Candidate/Officeholder name Office sough	nt Office held
Complete ONLY if direct		it Office field
Complete ONLY if direct expenditure to benefit C/C		Ft. Bend Constable Pct 3

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 comp	elete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 11/12 Rpt: 26/27	Plumbers Local #68 PAC	00015670	
4 Date	5 Payee name		
01/31/2024	Smith Campaign, Reggie		
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 300 N Travis St		
Expenditure from corporate funds	Sherman, TX 75090		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough Smith, Reggie	t Office held State Representative District 62	
Date	Payee name		
01/31/2024	Spiller Campaign, David		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	112 E Belknap St		
Expenditure from corporate funds	Jacksboro, TX 76458		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Spiller, David	t Office held State Representative District 68	
Date	Payee name		
01/31/2024	Stucky Campaign, Lynn		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P O Box 464		
Expenditure from corporate funds	Denton, TX 76202		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Stucky, Lynn	t Office held State Representative District 64	
State Representative Bistrict 64			

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

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: 12/12 Rpt: 27/27	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
01/31/2024	TX Gulf Coast AFL-CIO Working People PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	2506 Sutherland
Expenditure from corporate funds	Houston, TX 77023
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 GOTV drive
	GOT v unive
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/16/2024	Wallenstein Campaign, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	14526 Old Katy Rd Ste 106
φ500.00	14320 Old Raty Ru Ste 100
Expenditure from corporate funds	Houston, TX 77079
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH Wallenstein, Josh Harris County Department of	