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) 00059798 3 COMMITTEE NAME **OFFICE USE ONLY** A&M Political Action Committee Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1005 Congress Avenue Date Hand-delivered or Date Postmarked Suite 400 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kris NAME NICKNAME LAST **SUFFIX** Heckmann STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 823 Congress Avenue STREET **ADDRESS** Suite 1005 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 823 Congress Avenue MAILING **ADDRESS Suite 1005** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 582-7288 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
A&M Political Action Comm	0005979	98		
ACTIVITY (Ide	Candidates entify by name or, if licable, classify by party.)	A. Supported Giovanni Capriglione State R	epresentativ	ve .
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(De	Measures scribe by date and location election and nature of issue.)	A. Supported		
		B. Opposed		
(Ide	Officeholders Assisted entify by name or, if elicable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	25.00
EXPENDITURE 3. TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			1.28
4.	TOTAL POLITICA	L EXPENDITURES	\$	41,883.08
CONTRIBUTION 5. BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			128,350.88
OUTSTANDING 6. LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mr. Kris	Heckmann	
		Signature of Ca	ampaign Trea	asurer
AFFIX NOTARY STA	AMP / SEAL ABOVE			
Sworn to and subscribed befo	ore me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of o	officer administering oath

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					Page 3 of 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
A&M Political Action Co	mmittee			00059798	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. SupportedB. Opposed			
paper to complete this report if necessary.)		Б. Орросси			
	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 Senate	or	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	James Talarico State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Travis Clardy State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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						1 age 1 01 20
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
A&M Political Action Co	mmittee				00059798	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Steve Toth S	tate Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Earnest Bailes	State Represent	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (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.)		Terry Wilson	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

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						-
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
A&M Political Action Co	mmittee				00059798	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jacey Jetton St	ate Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland S	State Representa	ative	
(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.)		Glenn Rogers S	itate Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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OMMITTEE NAME MM Political Action Co OMMITTEE CTIVITY ttach lists on plain uper to complete this port if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)		Lynn Stucky State Representati	13 Filer ID (Ethics Commission Filers) 00059798 Ve
DMMITTEE CTIVITY ttach lists on plain uper to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and	B. Opposed	Lynn Stucky State Representation	
CTIVITY ttach lists on plain uper to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and	B. Opposed	Lynn Stucky State Representati	ve
per to complete this	(Describe by date and location of election and			
	(Describe by date and location of election and	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kronda Thimesch State Represo	entative
ttach lists on plain uper to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Spiller State Representati	ve
ttach lists on plain uper to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	ETIVITY Ittach lists on plain per to complete this port if necessary.) DIMMITTEE ETIVITY Ittach lists on plain per to complete this	applicable, classify by party.) DMMITTEE CTIVITY 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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	applicable, classify by party.) DMMITTEE CTIVITY 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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Committee CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Example 1. Candidates (Identify by name or, if applicable, classify by party.) Example 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted	A. Supported Kronda Thimesch State Representation of electron and nature of issue.) DIMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of electron and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DIMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed David Spiller State Representation of party of the par

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	A&M Political Action Co	mmittee			00059798	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Smithee State Representa	I itive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Ken King State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The state of the s		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stephanie Klick State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
			ı			

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COMMITTEE NAME	manaitta a				13 Filer ID	(Ethics Commission Filers)
A&M Political Action Co	mmuee				00059798	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren State R	Representa	utive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	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.)		Morgan Meyer State F	Representa	ative	
(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.)		Steve Allison State Re	epresentat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	applicable, classily by party.)					

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						Page 9 01 20
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
A&M Political Action Co	mmittee				00059798	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Juan Hinojosa	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Venton Jones	State Representa	ative	
(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.)		Candy Noble	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				
	applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				10 of 20
17 COM	MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
A&M	Politi	ical Action Committee	00059798	,
10 SCHI	EDI II E	E SUBTOTALS		
	E OF S		SUBTOTAL AMOUNT	
10/10/1				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
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	\$ 41,883.08
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 63.00

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 11/20
2	FILER NAME A&M Political Action Committee	1	Filer ID (Ethics Commission Filers) 00059798
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Jackson, Marissa 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$25.00
8	Laredo, TX 78041 Principal occupation / Job title (See Instructions) Director of Medical Staff Office 9 Employer (See Instructions)	ıs)	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expens

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	
4 7	<u> </u>
1 Total pages Schedule F1: Sch: 1/8 Rpt: 12/20	2 FILER NAME3 Filer ID(Ethics Commission Filers)A&M Political Action Committee00059798
4 Date	5 Payee name
02/01/2024	Brandon Creighton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	2257 N Loop 336 Ste 140-366
Expenditure from	Conroe, TX 77304
corporate funds	Collide, 17 17304
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
	Committee Political Contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	1105 E Main Street
- Cynonditure from	#223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Cotagon. (b) Deceription
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Committee Political Contribution
	Committee Foliabation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	Charlie Geren Campaign
Amount (¢)	Payee address; City; State; Zip Code
Amount (\$)	
\$2,500.00	PO Box 1440
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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 Check if Austin, TX, officeholder living expense
	Committee Political Contribution
Operation Children	Orandidate (Office health a grants
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onpenditure to beliefit 6/01	•

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 (control of expension)

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: 2/8 Rpt: 13/20	A&M Political Action Committee 00059798
4 Date	5 Payee name
02/12/2024	David Spiller Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 447
\$1,000.00	F.O. 60X 447
Expenditure from	
corporate funds	Jacksboro, TX 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Committee Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/12/2024	Earnest Bailes Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	1000 Bailes Dairy Road
Expenditure from	
corporate funds	Shepherd, TX 77371
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
	Committee Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/01/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1205 South White Chapel Blvd Suite 100
Expenditure from	
corporate funds	Southlake, TX 76092
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
	Committee Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	₹

SCHEDULE F1

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

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

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:		
Sch: 3/8 Rpt: 14/20	A&M Political Action Committee 00059798	
4 Date	5 Payee name	
02/12/2024	Glenn Rogers Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 11	
\$1,000.00	FO BOX 11	
Expenditure from		
corporate funds	Graford, TX 76449	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	⊣	
Date	Douge name	
	Payee name	
02/12/2024	Jacey Jetton Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	306 Morton St.	
Expenditure from corporate funds	Richmond, TX 77469	
•		
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/Onicerioide/Political Committee Committee Committee Committee Committee Contribution	
	Commune Foliacai Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61	'	
Date	Payee name	
02/01/2024	James Talarico Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 15207	
\$1,000.00	FO BOX 13207	
Expenditure from		
corporate funds	Austin, TX 78761	
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	
	Committee Political Contribution	
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 B
Candidate/Officeholder/Politic

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/8 Rpt: 15/20	A&M Political Action Committee 00059798	
4 Date	5 Payee name	
02/12/2024	John Smithee Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	320 S. Polk, 1st Floor	
Expenditure from corporate funds	Amarillo, TX 79101	
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	
	Committee Political Continuation	
O Commission ONII Wife discont	Our did to 10 ff as had done as one	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/12/2024	Juan "Chuy" Hinojosa Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	1508 S. Lone Star Way	
	Suite 5B	
Expenditure from corporate funds	Edinburg, TX 78539	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Committee Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/12/2024	Justin Holland Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	101 E Rusk #201	
\$2,000.00	101 E 11dok #201	
Expenditure from corporate funds	Rockwall, TX 75087	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
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

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

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor 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: 5/8 Rpt: 16/20 A&M Political Action Committee 00059798 4 Date Payee name 02/12/2024 Ken King Campaign 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 PO Box 517 Expenditure from Canadian, TX 79014 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 Committee Political Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2024 Kronda Thimesch Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1301 Justin Road Suite 201-310 Expenditure from Lewisville, TX 75077 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) 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 Committee Political Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2024 Lilly & Company Amount (\$) Payee address: City; State; Zip Code \$3,750.00 1005 Congress Avenue Suite 400 Expenditure from corporate funds Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Committee Fundraising Expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage	es/Contract Labor OTHER (enter a category not listed above)	
oroun out a transmi	The Instruction Guide explains how to comp	lete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/8 Rpt: 17/20	A&M Political Action Committee	00059798	
4 Date	5 Payee name	•	
02/12/2024	Lynn Stucky Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 464		
Expenditure from corporate funds	Denton, TX 76202		
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	Check if Austin, TX, officeholder living expense	
		Committee Political Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held	
expenditure to benefit C/O	н		
Date	Payee name		
02/05/2024	Millan & Company, P.C.		
Amount (\$)	Payee address; City; State; Zip Code		
\$631.80	812 San Antonio Street		
¥352.65	Suite L17		
X Expenditure from			
corporate funds	Austin, TX 78701		
PURPOSE OF	c , (ere emigenee mile in the en and emile)) Description	
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Committee Accounting Services	
		Committee Accounting Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held	
expenditure to benefit C/O		Cinico Hold	
Dete			
Date	Payee name		
02/12/2024	Morgan Meyer Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	3838 Oak Lawn Avenue		
- Evnanditura from	Suite 400		
Expenditure from corporate funds	Dallas, TX 75219		
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	Check if Austin, TX, officeholder living expense	
		Committee Political Contribution	
		- 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t Office held	
•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1: Sch: 7/8 Rpt: 18/20	2 FILER NAME A&M Political Action Committee 3 Filer ID (Ethics Commission Filers) 00059798	
4 Date	5 Payee name	
02/12/2024	Stephanie Klick Campaign	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 7592	
Expenditure from corporate funds	Fort Worth, TX 76111	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/12/2024	Steve Allison Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	1635 NE Loop 410	
Ψ1,000.00	·	
Expenditure from	Suite 506	
corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/12/2024	Steve Toth Campaign	
	·	
Amount (\$)	Payee address; City; State; Zip Code 67 Chestnut Meadow Dr.	
\$1,000.00		
Expenditure from	Suite 100	
corporate funds	Conroe, TX 77384	
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	
	Committee Political Contribution	
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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	,	
1 Total pages Schedule F1:		
Sch: 8/8 Rpt: 19/20	A&M Political Action Committee 00059798	
4 Date	5 Payee name	
02/12/2024	Terry Wilson Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	PO Box 489	
\$2,500.00	FO BOX 409	
Expenditure from		
corporate funds	Marble Falls, TX 78654	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	⊣	
Date	Douge name	
	Payee name	
02/12/2024	Travis Clardy Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	209 E. Main St.	
Expenditure from 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	
	Committee Political Contribution	
	Committee Foliabation	
Complete ONLY if divest	Condidate/Office helder name Office accepts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/13/2024	Venton Jones Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	3535 Grand Avenue	
41,000.00	See Stand Wester	
Expenditure from	D. II TV 75040	
corporate funds	Dallas, TX 75210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LA LABITORE	Candidate/Officeholder/Political Committee	
	Committee Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

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: 20/20 2 FILER NAME Filer ID (Ethics Commission Filers) A&M Political Action Committee 00059798 8 Amount (\$) Date 5 Name of person from whom amount is received 02/16/2024 \$63.00 Marsh & McLennan Agency LLC 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75284-3054 Purpose for which amount is received Check if political contribution returned to filer Refund overpayment of Committee Directors & Officers Insurance paid