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) 00017038 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of The University of Texas at Austin Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 50552 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael L. NAME NICKNAME LAST **SUFFIX** Cook STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7800 N MoPac Expy Ste 215 STREET **ADDRESS** (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7800 N MoPac Expy Ste 215 MAILING **ADDRESS** Austin, TX 78759 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 381-3001 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)
Friends of The Univers	sity of Texas at Austin		00017038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Rafael M. Anch	nia State Rep	presentative
(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		
		Б. Орросси		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	72,370.12
CONTRIBUTION BALANCE	1	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Micha	ael L. Cook	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, tl	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	eer administering oath

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12 C	OMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
F	riends of The Universit	ty of Texas at Austin			00017038
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Trenton E. Ashby	/ State Representative
p	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.)			
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Paul Bettencourt	State Senator
p	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.)			
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Cesar J. Blanco	State Senator
p	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.)			

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12 COMMITTEE NAME			13 Filer ID (Ethics Commissi	ion Filers)
Friends of The University of Texa	s at Austin		00017038	
1. Candid (Identify by no applicable, cl		The Honorable Bradley L. Buckle	y State Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of ele nature of issue the control of the co	date and ection and			
	B. Opposed			
Officel Assiste (Identify by n. applicable, cl	ed			
COMMITTEE 1. Candid (Identify by na applicable, cl		The Honorable John H. Bucy III	State Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of ele nature of issu	date and ection and			
	B. Opposed			
Officel Assiste (Identify by napplicable, cl	ed			
		The Honorable DeWayne C. Burn	ns State Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of ele nature of issu	date and ection and			
	B. Opposed			
Officeh Assiste (Identify by n. applicable, cl	ed			
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Friends of The Universit	ty of Texas at Austin			00017038	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Angie C. Button	State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Briscoe R. Cain	State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Giovanni S. Cap	riglione State R	epresentative
(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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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Friends of The Univer	sity of Texas at Austin			00017038
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Travis P. Clardy	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Sheryl N. Cole S	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Tom Craddick S	tate Representative
(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.)			

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Friends of The Universi	ty of Texas at Austin			00017038	
14 COMMITTEE	1. Candidates		The Honorable Emilio F. DeAyal	a State Benres	sentative
ACTIVITY	(Identify by name or, if applicable, classify by party.)		The Honorable Emilio 1. Bertyal	a State Repres	Scrittative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	The Honorable Erin E. Gamez S	State Represen	tative
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	A. Supported			
	nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Stanley Arthur G	erdes State Re	epresentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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the Honorable Charles L. Geren State Representative The Honorable Charles L. Geren State Representative The Honorable Kelly G. Hancock State Senator
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he Honorable Kelly G. Hancock State Senator
he Honorable Caroline Harris Davila State Representative

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Friends of The Universit	y of Texas at Austin			00017038
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Cody J. Harris S	I State Representative
	(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	The Honorable Joseph Cole Hef	ner State Representative
	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.)	A. Supported	The Honorable Regina Hinojosa	State Representative
	(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.)			

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Friends of The Universit	y of Texas at Austin			00017038	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Donna S. Howard	State Repres	sentative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable C. Joan Huffman	State Senato	r
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Ann Johnson Sta	ate Representa	ative
	(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.)				

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					Page 11 01 34
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Friends of The Unive	rsity of Texas at Austin	l		00017038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jarvis Johnson	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Nathan M. Johns	son State Sena	ator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Kenneth P. King	State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.	<u> </u>			

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COMMITTEE NAME Friends of The Universit	ry of Texas at Austin			13 Filer ID (Ethics Commission Filers)		
	y of Texas at Austin					
	-			00017038		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Oscar L. Longoria	orable Oscar L. Longoria State Representative		
Attach lists on plain paper 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Trey Martinez Fis	scher State Representative		
Attach lists on plain paper to complete this peport 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.)		The Honorable Joseph E. Moody	/ State Representative		
Attach lists on plain paper 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.)					
	COMMITTEE CCTIVITY Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CCTIVITY Attach lists on plain aper to complete this eport if necessary.)	aper to complete this eport if necessary.) 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.) Attach lists on plain aper to complete this eport if necessary.) 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.) COMMITTEE (CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain aper to complete this eport if necessary.) 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.) 3. 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.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (CTIVITY Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CIVITY COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE (Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE (Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.) B. Opposed Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.) Committee (Describe by date and location of election and nature of issue.)	aper to complete this sport if necessary.) 2. Measures (Describe by date and location of electron and nature of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) Attach lists on plain aper to complete this sport if necessary.) 2. Measures (Describe by date and location of electron and nature of issue.) 3. Officeholders (Describe by date and location of electron and nature of issue.) 3. Officeholders (Describe by date and location of electron and nature of issue.) 3. Officeholders (Describe by date and location of electron and nature of issue.) 3. Officeholders (Describe by date and location of electron and nature of issue.) 4. Supported (Describe by date and location of electron and nature of issue.) 5. OMMITTEE (Describe by date and location of electron and nature of issue.) 5. OMMITTEE (Describe by date and location of electron and nature of issue.) 6. Opposed The Honorable Joseph E. Mood) (Describe by date and location of electron and nature of issue.) 7. OMMITTEE (Describe by date and location of electron and nature of issue.) 8. Opposed The Honorable Joseph E. Mood) (Describe by date and location of electron and nature of issue.) 8. Opposed The Honorable Joseph E. Mood) (Describe by date and location of electron and nature of issue.) 8. Opposed The Honorable Joseph E. Mood) (Describe by date and location of electron and nature of issue.) 8. Opposed The Honorable Joseph E. Mood) (Describe by date and location of electron and nature of issue.)		

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12 COMMITT					13 Filer ID	(Ethics Commission Filers)
Friends o	of The Universi	ty of Texas at Austin			00017038	
14 COMMITT ACTIVITY		Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Dennis R. Paul	State Represer	ntative
(Attach lis paper to c report if no	omplete this		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.)				
COMMITT ACTIVITY	EE	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Richard E. Pena	a Raymond Sta	te Representative
(Attach lis paper to c report if no	omplete this		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.)				
COMMITT ACTIVITY		Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Ronald E. Reyn	olds State Rep	resentative
(Attach lis paper to c report if no	omplete this		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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COMMITTEE NAME				40 Files ID	
				13 Filer ID	(Ethics Commission Filers)
Friends of The Universit	y of Texas at Austin			00017038	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Toni N. Rose S	tate Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Matt F. Shaheer	State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Assisted (Identify by name or, if				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable David L. Spiller	State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 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.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (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.) 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.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	Attach lists on plain apper to complete this eport if necessary.) 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 2. Measures (Identify by name or, if applicable, classify by party.) 5. Opposed 6. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.)	Attach lists on plain laper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify thy party.) 2. Measures (Identity by name or, if applicable, classify the party.) Attach lists on plain location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify the party.) 4. Supported The Honorable Matt F. Shaheer (In Honorable Matt F. Shaheer (I	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of describe describe by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of describe by party.) 3. Officeholders Assisted 4. Supported B. Opposed 3. Officeholders Assisted Generally by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) Attach lists on plain apper to complete this eport of escribe by date and location of describe and location of des

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Friends of The Universit	y of Texas at Austin			00017038	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Kronda Thimescl	h State Repres	sentative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Senfronia Thomp	oson State Rep	presentative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Christopher G. T	urner State Re	epresentative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if)				
		applicable, classify by party.)				

FORM GPAC **ADDENDUM**

Friends of The University of Texas at Austin 00017038	Page 16 01 34
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.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported The Honorable Erin A. Zweiner State Representative State Repr	Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.)	
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(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.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported John Kuempel State Representative 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.) (Attach lists on plain paper to complete this report if necessary.) A. Supported John Kuempel State Representative B. Opposed	
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported John Kuempel State Representative B. Opposed	
ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed	
paper to complete this report if necessary.)	
2. Measures A. Supported	
(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.)	

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 of 34				
17 COMMITT	(Ethics Co	mmission Filers)		
Friends o	Friends of The University of Texas at Austin 00017038			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,100.00
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 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	\$	70,660.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,710.12
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	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 18/34	
2	FILER NAME Friends of T	he University of Texas at Austin		3 Filer ID (Ethics Commission Filers) 00017038
4	Date 02/01/2024	 Full name of contributor		7 Amount of Contribution (\$) \$1,000.00
		Austin, TX 78746		
8	Principal occu Business Ov	pation / Job title (See Instructions) wner	9 Employer (See Instructions	ns)
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Massingill M.D., G. Sealy Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
		Fort Worth, TX 76109		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)

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	
4 Tatal marian Cabadula E1.	,
1 Total pages Schedule F1: Sch: 1/15 Rpt: 19/34	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6914 Clear Springs Cir
Expenditure from corporate funds	Garland, TX 75044
8 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
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/07/2024	Ann Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,500.00	PO Box 56386
Expenditure from	
corporate funds	Houston, TX 77256
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Data	Davis asses
Date	Payee name
02/07/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7321 FM #2843
Expenditure from corporate funds	Salado, TX 76571
-	
PURPOSE 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
	Sampaigh sommation
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5. p 5. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal name Calculula E4.	O FILED MANE
1 Total pages Schedule F1: Sch: 2/15 Rpt: 20/34	2 FILER NAME Friends of The University of Texas at Austin 3 Filer ID (Ethics Commission Filers) 00017038
4 Date	5 Payee name
02/07/2024	Briscoe Cain Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 7
\$2,000.00	1 0 200.1
Expenditure from corporate funds	Deer Park, TX 77536
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Caroline Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	PO Box 700
\$1,000.00	PO BOX 700
Expenditure from corporate funds	Round Rock, TX 78680
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Cesar Blanco Campaign
	· · ·
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 929
- Evnanditure free-	
Expenditure from corporate funds	El Paso, TX 79946
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1 -	Total pages Schedule F1:	<u>.</u>	3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 21/34	Friends of The University of Texas at Austin	3 Filer ID (Ethics Commission Filers) 00017038
4 [Date	5 Payee name	
(02/07/2024	Charles Geren Campaign	
6 /	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	PO Box 1440	
	Expenditure from corporate funds	Fort Worth, TX 76101	
8	PURPOSE OF EXPENDITURE	Continuation 5/ Donation 5 Water By	utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
[Date	Payee name	
(02/07/2024	Chris Turner Campaign	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 182093	
	Expenditure from corporate funds	Arlington, TX 76096	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
[Date	Payee name	
(02/07/2024	Cody Harris Campaign	
/	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1007 N Mallard St	
	Expenditure from corporate funds	Palestine, TX 75801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations water by	utside of Texas. Complete Schedule T. TX, officeholder living expense htribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 22/34	2 FILER NAME Friends of The University of Texas at Austin 3 Filer ID (Ethics Commission Filers) 00017038
4 Date	5 Payee name
02/07/2024	Cole Hefner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
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
	Campaign contribution
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
02/07/2024	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 447
Expenditure from	
corporate funds	Jacksboro, TX 76458
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuuton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/07/2024	DeWayne Burns Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	703 Stonelake Dr
Expenditure from	
corporate funds	Cleburne, TX 76033
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
	Campaign continuution
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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/15 Rpt: 23/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Dennis Paul Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	626 1/2 Barringer Ln. Ste E
Expenditure from corporate funds	Webster, TX 77598
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Donna Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 5375
Expenditure from corporate funds	Austin, TX 78763
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 continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/07/2024	Erin Gamez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	777 E Harrison
Evpanditura fram	
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
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal 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: 6/15 Rpt: 24/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Erin Zwiener Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 184
Expenditure from corporate funds	Driftwood, TX 78619
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Friends of Paul Bettencourt
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1 E Greenway Plaza Ste 225
42,000.00	
Expenditure from corporate funds	Houston, TX 77046
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
Date	Payee name
02/07/2024	Gina Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 300095
Expenditure from corporate funds	Austin, TX 78703
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/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft 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 Legal 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:	
Sch: 7/15 Rpt: 25/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Giovanni Capriglione Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1352 Ten Bar Trl
Expenditure from corporate funds	Southlake, TX 76092
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	1
Date	Payee name
02/07/2024	Jarvis Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1051 Cottage Oak
Expenditure from corporate funds	Houston, TX 77091
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Joe Moody Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 920827
Expenditure from corporate funds	El Paso, TX 79902
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 8/15 Rpt: 26/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	John Bucy Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 536
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By 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	1
Date	Payee name
02/19/2024	John Kuempel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	902 E College St
Expenditure from corporate funds	Seguin, TX 78155
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
02/07/2024	Kenneth King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1202
Expenditure from corporate funds	Canadian, TX 79014-1202
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
experience to beliefft G/OI	•

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

1 Total pages Schedule F1: Sch: 9/15 Rpt: 27/34 Friends of The University of Texas at Austin 00017038 4 Date 02/07/2024 5 Payee name Kronda Thimesch Campaign 6 Amount (\$) 7 Payee address; City; State; Zip Code 2516 Sir Tristram Lane Expenditure from corporate funds Lewisville, TX 75056 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee (Campaign contribution Campaign contribution)	Filers)
4 Date 02/07/2024 5 Payee name Kronda Thimesch Campaign 7 Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Expenditure from corporate funds Lewisville, TX 75056 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Contributions/Donations Made By Candidate/Officeholder/Political Committee Comparing	
6 Amount (\$) \$1,000.00 \$1,000.00 Corporate funds The expenditure from corporate funds Corporate funds The expenditure from corporate funds Corporate funds Corporate funds The expenditure from corporate funds Lewisville, TX 75056 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee	
\$1,000.00 2516 Sir Tristram Lane Expenditure from corporate funds	
Expenditure from corporate funds B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Lewisville, TX 75056 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Lewisville, TX 75056 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee	
EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
Carranació en controlación citacar continuación	
Campaigh Contribution	
Office political CANDA if direct Conditate / Office helder many Office political polit	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	
Date Payee name	
02/07/2024 Mano DeAyala Campaign	
Amount (\$) Payee address; City; State; Zip Code	
\$2,000.00 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	
Campaign contribution	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/07/2024 Matt Shaheen Campaign	
Amount (\$) Payee address; City; State; Zip Code	
\$1,000.00 3917 Malton Dr	
4-,000:00 00-1	
Expenditure from	
Corporate funds Plano, TX 75025	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF OF Contribution (See Categories listed at the top of this schedule) OF Contribution (See Categories listed at the top of this schedule)	
EXPENDITURE Contributions/Donations Made By	
Candidate/Officeholder/Political Committee Campaign contribution	
Campaign 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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: Sch: 10/15 Rpt: 28/34	2 FILER NAME Solution Friends of The University of Texas at Austin 3 Filer ID (Ethics Commission Filers) 00017038
4 Date	5 Payee name
02/07/2024	Nathan Johnson Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367-0994
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Oscar Longoria Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 4224
Expenditure from corporate funds	Mission, TX 78573
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
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Rafael Anchia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 4468
\$1,000.00	FO BOX 4400
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 11/15 Rpt: 29/34	2 FILER NAME Friends of The University of Texas at Austin 3 Filer ID (Ethics Commission Filers) 00017038
4 Data	
4 Date 02/07/2024	5 Payee name Richard Pena Raymond Future of TX Fund
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 450349
Ψ2,300.00	1 O BOX 430043
Expenditure from	
corporate funds	Laredo, TX 78045
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
02/07/2024	Ronald Reynolds Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6140 Hwy 6 S Ste 233
Expenditure from corporate funds	Missouri City, TX 77459
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to seriem ere.	
Date	Payee name
02/07/2024	Senfronia Thompson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	4828 Loop Central Dr #600
Φ2,000.00	4626 L00p Central DI #000
Expenditure from	
corporate funds	Houston, TX 77081
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
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 Con

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

	Consuling 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: 12/15 Rpt: 30/34	Friends of The University of Texas at Austin 00017038
4	Date	5 Payee name
	01/31/2024	Shack, Edward M.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,160.00	4410 Bellvue Ave
X	Expenditure from corporate funds	Austin, TX 78756
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		PAC legal services
_	Operation ONLY if alice at	Out it is to let the later and the second of
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Sheryl Cole Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 41
	Expenditure from corporate funds	Austin, TX 78767
	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 Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	02/07/2024	Stan Gerdes Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 1060
	Expenditure from corporate funds	Smithville, TX 78957
	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 ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 13/15 Rpt: 31/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Texans for Joan Huffman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	3733-1 Westheimer Rd. Ste. 40
— Forestitus from	
Expenditure from corporate funds	Houston, TX 77027
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 Austin, TX, officeholder living expense
	Campaign contribution
	Gailpaigh collaisadon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/07/2024	Texans for Kelly Hancock SPAC
	·
Amount (\$)	
\$2,500.00	4908 Dory Ct
Expenditure from corporate funds	North Richland Hills, TX 76180
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	· ·
Date	Payee name
02/07/2024	Tom Craddick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Two Lakes Dr
Expenditure from	
corporate funds	Midland, TX 79705
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
Commission ONII V if dispose	Condidate/Office helder no year Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-t-1 O-b E4.	C FILED NAME
1 Total pages Schedule F1: Sch: 14/15 Rpt: 32/34	2 FILER NAME Friends of The University of Texas at Austin 3 Filer ID (Ethics Commission Filers) 00017038
4 Date	5 Payee name
02/07/2024	Toni Rose Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
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
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Travis Clardy Campaign
Amount (¢)	
Amount (\$)	
\$1,000.00	209 E Main St
- Cynanditura fram	
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	(a) Cotagon (b) December (c)
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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
	Sampaigh contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Trent Ashby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 412
Ψ2,000.00	1 0 BOX 412
Expenditure from	
corporate funds	Lufkin, TX 75902
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
	Campaign contribution
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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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: 15/15 Rpt: 33/34	Friends of The University of Texas at Austin 00017038
4 Date	5 Payee name
02/07/2024	Trey Martinez Fischer Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	104 Babcock Rd Ste 107
Expenditure from corporate funds	San Antonio, TX 78201
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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 34/34 Friends of The University of Texas at Austin 00017038 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/22/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$1,710.12 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH