#### 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) 00084625 3 COMMITTEE NAME **OFFICE USE ONLY** Legacy 44 Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4001 Sinclair Ave. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78756 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nicole NAME NICKNAME LAST **SUFFIX** Goitiandia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4001 Sinclair Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2581 MAILING **ADDRESS** Boise, ID 83701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 642-1544 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 Primary Runoff Other 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)
Legacy 44			00084625	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vincent Perez State Represen	tative	
(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		
		B. Opposeu		
	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)	\$	312,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	156,427.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	345,561.60
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Nicole G	Soitiandia	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 3 of 20

						Fage 3 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Legacy 44				00084625	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Norma Chavez 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	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Alesandra Annello State Repres	sentative	
		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	1. Candidates (Identify by name or, if applicable, classify by party.)		Jarvis Johnson 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 4 of 20

							rage 4 of 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Legacy 44					00084625	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		oported	Shawn Thierry State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		2. Measures	A. Sup	oported			
		(Describe by date and location of election and nature of issue.)					
			В. Ор	posed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	<del></del>	nnorted	Christian Manuel State Represe	antative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		sportod	Christian Manuel State Nepresi	Smanve	
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sur	oported			
			В. Ор	posed			
		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.)		oported	James Talarico State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		2. Measures	A. Sup	oported			
		(Describe by date and location of election and nature of issue.)					
			B. Op	posed			
		Officeholders     Assisted     (Identify by name or, if)					
		applicable, classify by party.)					

#### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

#### FORM GPAC **ADDENDUM**

				Page 5 of 20
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Legacy 44			00084625	
(Attach lists on plain	l	Solomon Ortiz Jr. State Represe	ntative	
paper to complete this report if necessary.)				
2. Meas (Describe by location of e nature of iss	y date and election and			
	B. Opposed			
3. Office Assist (Identify by applicable, o	ted			
COMMITTEE 1. Candi ACTIVITY (Identify by applicable, of	l	Nathan Johnson State Senator		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Meas (Describe by location of e nature of iss	y date and lection and sue.)			
	B. Opposed			
Assist (Identify by I				
COMMITTEE 1. Candi ACTIVITY (Identify by applicable, of		Angeanette Thibodeaux State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Meas (Describe by location of e nature of iss	y date and election and			
	B. Opposed			
3. Office Assist (Identify by applicable, of	ted			
	•			

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC ADDENDUM

Page 6 of 2	PURPOSE						ADDENDOM
Legacy 44  4 COMMITTEE 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.)  A. Supported Staci Childs State Board Of Education  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed							Page 6 of 20
1. Candidates (Identify by name or, if applicable, classify by party.)  A. Supported Staci Childs State Board Of Education  A. Supported Staci Childs State Board Of Education  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted							(Ethics 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.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	Legacy 44					00084625	
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	COMMITTEE ACTIVITY			Staci Childs	State Board O	f Education	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
B. Opposed  3. Officeholders Assisted		1	A. Supported				
Assisted			B. Opposed				
(Identify by name or, If applicable, classify by party.)		Assisted					
		(Identify by name or, if applicable, classify by party.)					

#### **SUBTOTALS - GPAC**

#### FORM GPAC **COVER SHEET PG 3**

					7 of 20
		EE NAME	18 Filer ID	(Ethics	Commission Filers)
Le	gacy 44	1	00084625		
	HEDUL ME OF		Sl	JBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	312,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	154,694.99
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,732.36
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,055.00
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,000.00

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 1/1 Rpt: 8/20	
2	FILER NAME Legacy 44		3 Filer ID (Ethics Commission Filers) 00084625	
4				7 Amount of Contribution (\$) \$300,000.00
8	Principal occu	New York, NY 10022  upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Executive		Bloomberg LP	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Harslem, Eric Contributor address; City; State; Zip Code  Austin, TX 78716		Amount of Contribution (\$) \$12,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions KLE Foundation	5)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 9/20	Legacy 44 00084625
4 Date	5 Payee name
02/15/2024	Angeanette Thibodeaux
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,500.00	6713 Cathcart
Expenditure from	
corporate funds	Houston, TX 77091
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
	Primary Contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2024	Carr Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$13,454.56	131 Honeycomb Ct.
•	, and the second
Expenditure from corporate funds	Encinitas, CA 92024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Polling
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2024	Carr Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$920.00	131 Honeycomb Ct.
·	
Expenditure from corporate funds	Encinitas, CA 92024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	In-kind Contribution to Jarvis Johnson Campaign: Polling
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	·
1 Total pages Schedule F1: Sch: 2/9 Rpt: 10/20	2 FILER NAME3 Filer ID(Ethics Commission Filers)Legacy 4400084625
4 Date	5 Payee name
02/23/2024	Carr Marketing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,501.92	131 Honeycomb Ct.
·	
Expenditure from corporate funds	Encinitas, CA 92024
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	l
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	In-kind Contribution to Shawn Thierry Campaign:
	Polling
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/O	
Date	Payee name
02/23/2024	Carr Marketing
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$773.92	131 Honeycomb Ct.
Expenditure from corporate funds	Encinitas, CA 92024
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
	In-Kind Contribution to Christian Manuel Campaign:
	Polling
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H The state of the
Data	
Date	Payee name
02/23/2024	Carr Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$852.00	131 Honeycomb Ct.
Expenditure from	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
corporate funds	Encinitas, CA 92024
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
	In-kind Contribution to James Talarico Campaign:
	Polling
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 11/20	Legacy 44 00084625
4 Date	5 Payee name
02/15/2024	Christian Manuel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	3801 Turtlecreek Dr.
Expenditure from corporate funds	Port Arthur, TX 77642
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Timaly Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
02/21/2024	Compete Digital LLC
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	1317 Potomac Ave SE
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Digital Advertisements
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Annello, Alesandra State Representative District 77
Data	Parameter
Date	Payee name
02/16/2024	Convergence Targeted Communications
Amount (\$)	Payee address; City; State; Zip Code
\$11,459.93	1221 Connecticut Ave NW
	Suite 300
Expenditure from	
corporate funds	Washington, DC 20036
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to beliefft C/OI	Perez, Vincent State Representative District 77

#### SCHEDULE F1

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

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

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

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

Travel in Disti Travel Out of Contract Labor OTHER (ente

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 12/20	Legacy 44	00084625
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	l Li~	neek ii Ausuri, 17, omeenouer iiviiig expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Chavez, Norma State Representa	tive District 77
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
EXPENDITURE		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
		•
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Annello, Alesandra State Representa	tive District 77
Date	Payee name	
02/23/2024	Convergence Targeted Communications	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,681.55	1221 Connecticut Ave NW	
Expenditure from	Suite 300	
corporate funds	Washington, DC 20036	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	cription heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Navertising Expense	heck if Austin, TX, officeholder living expense
	Dire	ct Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Perez, Vincent State Representa	tive District 77

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 5/9 Rpt: 13/20	Legacy 44	00084625			
4 Date	5 Payee name	<u>'</u>			
	(see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		1			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s				
	Chavez, Norma State F	Representative District 77			
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip	Code			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held			
expenditure to benefit C/O	1	Representative District 77			
Date		•			
02/23/2024	Payee name Convergence Targeted Communications				
		Ocale			
Amount (\$)	Payee address; City; State; Zip 1221 Connecticut Ave NW	Code			
\$10,681.55					
Expenditure from	Suite 300				
corporate funds	Washington, DC 20036				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Direct Mail			
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held			
	expenditure to benefit C/OH  Annello, Alesandra  State Representative District 77				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa	ages/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: 6/9 Rpt: 14/20	Legacy 44	00084625			
4 Date	5 Payee name				
02/15/2024	Education Reform Now Advocacy				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,200.00					
•	7 120 Tail Galoot, 1444				
Expenditure from corporate funds	Washington, DC 20001				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Voter File	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE		Check if Austin, TX, officeholder living expense			
		Voter File			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	pht Office held			
Date	Payee name				
02/23/2024	Education Reform Now Advocacy				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$2,535.36	718 7th Street, NW	-			
Ψ2,333.30	710 7th Street, NVV				
Expenditure from corporate funds	Washington, DC 20001				
PURPOSE	(a) Catagony	(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Salaries/ Wages/Coritract Labor	Check if Austin, TX, officeholder living expense			
		Reimbursement, Staff Time			
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht Office held			
expenditure to benefit C/OI	~	, Cc.			
Date	Payee name				
01/26/2024	Elite Change				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$25,120.00					
,,					
Expenditure from	Houston TV 77004				
corporate funds	Houston, TX 77004				
PURPOSE OF	, , ,	(b) Description			
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
-	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense			
		In-kind Contribution to Shawn Thierry Campaign: Field Services			
Complete ONLY if direct	Candidate/Officeholder name Office soug	yht Office held			
expenditure to benefit C/OH					

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	,			
Sch: 7/9 Rpt: 15/20				
•				
4 Date	5 Payee name			
02/07/2024	Jarvis Johnson Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10,000.00	1051 Cottage Oak			
	1001 College Can			
Expenditure from	Houston, TX 77091			
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee			
	Timay Condition			
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
•				
Date	Payee name			
02/23/2024	Jarvis Johnson Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	1051 Cottage Oak			
Expenditure from	Houston, TX 77091			
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			
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			
	Primary Contribution			
	Timay Condition			
Complete ONLY if direct	Candidata/Office halds name Office acust Office hald			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/26/2024	Monarch Printing			
Amount (\$)	Payee address; City; State; Zip Code			
\$4,936.20	6605 McGrew St			
Expenditure from corporate funds	Houston, TX 77087			
•				
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			
	In-Kind Contribution to Shawn Thierry Campaign:			
	Push Cards			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				

#### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/9 Rpt: 16/20	Legacy 44 00084625			
4 Date	5 Payee name			
02/16/2024	Monarch Printing			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,078.00	6605 McGrew St			
— Forest dit us from				
Expenditure from corporate funds	Houston, TX 77087			
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.			
	Candidate/Officeholder/Political Committee			
	Push Cards			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
02/07/2024	Nathan Johnson Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	PO Box 670994			
Expenditure from corporate funds	Dallas, TX 75367-0994			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Primary Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	4			
Date	Payee name			
02/05/2024	Ortiz for Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	PO Box 286			
Expenditure from				
corporate funds	Corpus Christi, TX 78403			
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			
	Primary Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiorare to benefit C/OI	<u></u>			

#### 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 (expense a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/W	ages/Contract Labor	OTHER (enter a	category not listed above)
•		uide explains how to con	iplete this form.		
1 Total pages Schedule F1:	1: 2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 9/9 Rpt: 17/20	Legacy 44			00084625	
4 Date	Payee name				
02/15/2024 Saint Pope Media Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$11,000.00					
, ,					
Expenditure from corporate funds	Houston, TX 77004				
8 PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations M		ш	outside of Texas. Com	
	Candidate/Officeholder/Po	litical Committee	ш	, TX, officeholder living	· ·
			Radio Advert		n Thierry Campaign:
			Tradio / ravert		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office souç	ht	Office he	eld
Date	Payee name				
02/15/2024	Staci Childs Campaign				
Amount (\$)	Payee address; City;	State; Zip Coo	le		
\$5,000.00	405 Main Street				
	Ste 450				
Expenditure from					
corporate funds	Houston, TX 77002				
PURPOSE OF	(a) Category (See Categories listed at		(b) Description		
EXPENDITURE	Contributions/Donations M		<u> </u>	outside of Texas. Com	
	Candidate/Officeholder/Po	litical Committee	Primary Cont	, TX, officeholder living	expense
			i iiiiary Cont	indution	
Operation ONE Wife discont	0	0#:	t- a	O#: I	.1.1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office souç	Int	Office he	eia
<u> </u>					

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Wages/Contract Labor

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

		The Insti	ruction Guide explains how	to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 1/1 Rpt: 18/20	Legacy 44			00084625	
4	CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6	PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$659.62	(b) Date of Charge 01/26/2024	(c) Date(s) Credit Card Issuer 02/23/2024	r Paid	
7	PAYEE	(a) Payee name  (b) Payee address;  830 Majestic Street  Houston, TX 77020		City, State, Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (b) Description		nawn Thierry Campaign: T-Shirts		
	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held	
	Expenditure from corporate funds	(a) Amount Charged \$322.74	(b) Date of Charge 02/11/2024	(c) Date(s) Credit Card Issuer 02/23/2024	r Paid	
	PAYEE	(a) Payee name Facebook		(b) Payee address;  1 Hacker  Menlo Park, CA 94025	City, State, Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (c) Check if travel outside of Texas. Complete Schedule T.		(b) Description In-Kind Contribution to Shawn Thierry Campaign: Digital		
	Non-Political				C, officeholder living expense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held	
	PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$750.00	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer 02/23/2024	r Paid	
	PAYEE	(a) Payee name Vibe.co		(b) Payee address; 1700 W Irving Park Rd Ste 302 Chicago, IL 60613	City, State, Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description In-Kind Contribution to Christian Manuel Campaign: Digital Advertisements		
	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held	

#### SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Segacy 44 3 Filer ID (Ethics Commission Filers) 00084625			
4 Date 01/26/2024	5 Payee name Amalgamated Bank			
6 Amount (\$)  55.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description Bank Fees			
Date 02/01/2024	Payee name Zintzo Consulting Co.			
Amount (\$)  1,000.00  Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 2581 Boise, ID 83701			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense  (b) Description (See instructions regarding type of information required.) Compliance Services			

# 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 3 Filer ID (Ethics Commission Filers) Legacy 44 00084625 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 02/15/2024 \$1,000.00 Oscar Longoria Campaign 6 Address of person from whom amount is received; City; State; Zip Code Mission, TX 78573 Purpose for which amount is received Check if political contribution returned to filer Stale Check Void - Contribution issued 06/19/23