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) 00058340 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Toll-free Highways Date Received **ELECTRONICALLY FILED** 02/25/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 317 Sidney Baker S, Suite 400-308 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78028 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sudie NAME NICKNAME LAST **SUFFIX** Sartor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3530 Eva Jane STREET **ADDRESS** (Residence or Business) San Antonio, TX 78261 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 488-5412 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free H	00058340			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JULIE CLARK US CONGRES	S DISTRICT 23	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O 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)	\$	230.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	197.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,688.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Sudie	Sartor	
		Signature of Car	mpaign Treasurer	
AFFIX NOTAE	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer	administering oath

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		rage 3 01 10
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Texans for Toll-free Highways		00058340
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported DAVID SCHENCK Court Of C	Criminal Appeals, Judge
(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	y.)	
COMMITTEE 1. Candidates	A. Supported GINA PARKER Court Of Crim	ninal Appeals, Judge
ACTIVITY ((Identify by name or, if applicable, classify by party	y.)	
(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	y.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported LEE FINLEY Court Of Crimina y.)	al Appeals, Judge
(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 part	y.)	

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig					00058340	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DALE HULS S	tate Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	STEVE TOTH	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		TOMM GLASS	State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted (Identify by name or, if					

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00141417777					
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
	Candidates (Identify by name or, if applicable, classify by party.)		KYLE BIEDERMANN State Re	presentative	
paper to complete 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.)				
	Candidates (Identify by name or, if applicable, classify by party.)		DAVID COVEY State Represe	ntative	
paper to complete this		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Candidates (Identify by name or, if applicable, classify by party.)		MATTHEW MORGAN State Ro	epresentative	
paper to complete 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.)				
		Texans for Toll-free Highways 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.) 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.) 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.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. 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Officeholders Assisted (Identify by name or, if opplication of election and nature of issue.) B. Opposed	Texans for Toll-free Highways COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 3. Officeholders Assisted (Genetic by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 1. Candidates (Commity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Committee activity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Committee activity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Committee activity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. 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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free Hig	hways				00058340	
14	COMMITTEE	1. Candidates	A. Supported	DENNIS LONDO	ON State Repres	sentative	
	ACTIVITY	(Identify by name or, if			•		
		applicable, classify by party.)					
	(Attach lists on plain		B. Opposed				
	paper to complete this						
	report if necessary.)						
		2. Measures	A. Supported				
		(Describe by date and	7t. Supported				
		location of election and nature of issue.)					
			B. Opposed				
			Б. Оррозец				
		3. Officeholders					
		Assisted					
		(Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates	A. Supported	MIKE OLCOTT	State Represent	tative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this		B. Opposed				
	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.)					
	COMMITTEE	1. Candidates	A. Supported	WES VIRDELL	State Represent	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			•		
		applicable, classify by party.)					
	(Attach lists on plain		B. Opposed				
	paper to complete this report if necessary.)						
	report if fiecessary.)						
		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.)					
		applicable, classify by party.)					

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COMMITTEE NAME				40 5" 15	
				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Higl	hways			00058340	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		KERESA RICHARDSON 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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		SHELLEY LUTHER State Repre	esentative	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		KERRI KINGSBERY State Rep	resentative	
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.)				
	Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	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 (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.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 7. Measures (Describe by date and location of election and location of election and nature of issue.)	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.) COMMITTEE (Identify by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) 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 (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.)	DOMMITTEE 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 (Describe by date and location of election and nature of issue) 3. Officeholders Assisted (Describe by date and location of election and nature of issue) 4. Supported KERESA RICHARDSON State B. Opposed 5. Opposed 5. Opposed 6. Opposed 7. A. Supported SHELLEY LUTHER State Reprivation of election and nature of issue.) 8. Opposed 8. Opposed 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed	DOMMITTE Action lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date or of election and statute of festion) 3. Officeholders Assisted (Describe by date or of election and statute of festion) 4. Supported 5. Opposed 2. Measures (Describe by date or of election and statute of festion) 5. Opposed 3. Officeholders Assisted (Describe by date or of election and statute of festion) 5. Opposed 5. Opposed 5. Opposed 6. Opposed 7. Candidates (Describe by date or of election and statute of festion) 6. Opposed 7. Candidates (Describe by date or of election and statute of festion) 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Describe by date or of election and statute of festion) 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. Candidates (Describe by date or of election and statute of festion) 8. Opposed 1. 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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
				00058340
	Candidates (Identify by name or, if applicable, classify by party.)		JOE COLLINS State Represent	ative
paper to complete 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.)			
	Candidates (Identify by name or, if applicable, classify by party.)		CHARLES BYRN State Repres	entative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		TIM GREESON State Represer	ntative
paper to complete 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.)			
		Texans for Toll-free Highways 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.) 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.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	Texans for Toll-free Highways 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) 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.) COMMITTEE ACTIVITY 1. Candidates (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 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 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted B. Opposed	Texans for Toll-free Highways COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 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 CHARLES BYRN State Repressed to the party of applicable, classify by party.) B. Opposed CHARLES BYRN State Repressed to the party of applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE A. Supported CHARLES BYRN State Repressed to the party of applicable, classify by party.) COMMITTEE A. Supported CHARLES BYRN State Repressed to the party of applicable, classify by party.) COMMITTEE A. Supported CHARLES BYRN State Repressed to the party of applicable, classify by party.) COMMITTEE A. Supported B. Opposed TIM GREESON State Represed to party.) COMMITTEE A. Supported COMMITTEE A. Supported B. Opposed TIM GREESON State Represed to the party. COMMITTEE A. Supported B. Opposed COMMITTEE A. Supported Committee of source of applicable, classify by party.) COMMITTEE A. Supported B. Opposed TIM GREESON State Represed to the party. Committee of source of applicable, classify by party.) COMMITTEE A. Supported B. Opposed COMMITTEE A. Supported Describe ty date and location of election and location of el

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					Fage 9 01 10
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JAIME HAYNES State Represe	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	DAVID LOWE State Represent	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		CHAD CARNAHAN State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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OMMITTEE NAME Exans for Toll-free High OMMITTEE CTIVITY Attach lists on plain aper to complete this port if necessary.)	hways 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)		AIMEE RAMSEY State Repre	13 Filer ID (Ethics Commission Filers) 00058340 sentative
OMMITTEE CTIVITY attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and	B. Opposed A. Supported	AIMEE RAMSEY State Repre	
ctivity attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and	B. Opposed A. Supported	AIMEE RAMSEY State Repre	sentative
aper to complete this	(Describe by date and location of election and	A. Supported		
	(Describe by date and location of election and			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
OMMITTEE	1. Candidates		JANINE CHAPA State Repres	entative
CTIVITY	(Identify by name or, if applicable, classify by party.)		SAMINE CHAI A State Repres	emauve
attach lists on plain aper to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		MARC LAHOOD State Repres	sentative
ttach lists on plain aper to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	DMMITTEE CTIVITY ttach lists on plain per to complete this	per to complete this port 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) ttach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Example 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 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.) Tanglicable, classify by party.) B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported A. Supported A. Supported A. Supported A. Supported B. Opposed B. Opposed

FORM GPAC ADDENDUM

Page 11 of 16

COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texans for Toll-free High	hways			00058340
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	CHRIS SCHUCHARDT BEXAR PRECINCT 3	COUNTY COMMISSIONER
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
l	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		1		
COMMITTEE	1. Candidates	A. Supported	DARRELL HALE COLLIN COU	NTY COMMISSIONER, PRECINCT 3
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		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		CHRISTINA DREWRY SMITH (COUNTY COMMISSIONER, PRECINCT
(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.)			

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE						Page 12 of 16
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hi	ghways				00058340	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		NATHAN B	UCHANAN BE	XAR COUNTY SHE	RIFF
(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.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				13 of 16
17 COMMIT	FEE NAME	18 Filer ID	(Ethics Co	mmission Filers)
Texans	or Toll-free Highways	00058340	•	
19 SCHEDU		T		
NAME O	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	230.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$		
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 CONTRIBUTIONS	S	\$	197.53
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

The Instruction Guide explains how to complete this form. 2 FILER NAME		MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
Texans for Toll-free Highways 4 Date 02/08/2024 S Full name of contributor cout-of-state PAC (IDIF:		The Instru	ction Guide explains how to complete this fo	1			
Date S Full name of contributor out-of-state PAC (IDE:	2				3		n Filers)
Bulger, Linda 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 8 Principal occupation / Job title (See Instructions) Retired Date O2/07/2024 Chambers, Chris Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Falcon Borel , Linda Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Falcon Borel , Linda Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor Date O2/22/2024 Sims, DAVID Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor O2/22/2024 Sims, DAVID Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor O2/22/2024 Full name of contributor O2/22/2024 O2/22/2024 Full name of contributor O2/22/2024 O2/22/2024 Contributor address; City; State; Zip Code Date O2/06/2024 VEBSTER, MARK Contributor address; City; State; Zip Code Amount of Contribution (S) Amount of Contribution (S) Amount of Contribution (S)		Texans for T			\perp	00058340	
Principal occupation / Job title (See Instructions) Retired Date	4		Bulger, Linda)		Amount of Contribution (\$)	\$50.00
Retired Date Full name of contributor out-of-state PAC (ID#:			San Antonio, TX 78258				
O2/07/2024 Chambers, Chris Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor out-of-state PAC (ID#: San Antonio, TX 78260 Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor raddress; City; State; Zip Code San Antonio, TX 78260 Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor out-of-state PAC (ID#: SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 Principal occupation / Job title (See Instructions) RETIRED Date O2/06/2024 Full name of contributor out-of-state PAC (ID#: O2/06/2024 WEBSTER, MARK Contributor address; City; State; Zip Code Amount of Contribution (\$)	8		pation / Job title (See Instructions)		ons)		
Principal occupation / Job title (See Instructions) Retired Date 02/22/2024 Full name of contributor out-of-state PAC (ID#: retired Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) retired Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Date 02/22/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 Principal occupation / Job title (See Instructions) RETIRED Date 02/06/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)			Chambers, Chris			Amount of Contribution (\$)	\$25.00
Retired Date O2/22/2024 Full name of contributor		Dringing! aggs	<u> </u>	Employer (Con Instruction	200)		
O2/22/2024 Falcon Borel , Linda Contributor address; City; State; Zip Code San Antonio, TX 78260 Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor out-of-state PAC (ID#:			pation / Job title (See Instructions)		ons)		
Principal occupation / Job title (See Instructions) Retired Date O2/22/2024 Full name of contributor SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 Principal occupation / Job title (See Instructions) RETIRED Date O2/06/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Amount of Contribution (\$)			Falcon Borel , Linda			Amount of Contribution (\$)	\$50.00
Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O2/22/2024 SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 Principal occupation / Job title (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O2/06/2024 WEBSTER, MARK Contributor address; City; State; Zip Code			San Antonio, TX 78260				
O2/22/2024 SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 Principal occupation / Job title (See Instructions) RETIRED Date O2/06/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Contributor address; City; State; Zip Code			pation / Job title (See Instructions)		ons)		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/06/2024 WEBSTER, MARK Contributor address; City; State; Zip Code			SIMS, DAVID Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
02/06/2024 WEBSTER, MARK Contributor address; City; State; Zip Code		•	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
I AUSTIN, IX 78749		02/06/2024 WEBSTER, MARK Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions)		•	AUSTIN, TX 78749 spation / Job title (See Instructions)	Employer (See Instruction	ons)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage 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 Cabadula F1:	
1 Total pages Schedule F1: Sch: 1/2 Rpt: 15/16	2 FILER NAME Texans for Toll-free Highways 3 Filer ID (Ethics Commission Filers) 00058340
4 Date	5 Payee name
02/20/2024	CONSTANT CONTAC
6 Amount (\$) \$5.33	7 Payee address; City; State; Zip Code 1601 TRAPELO RD
Expenditure from corporate funds	WALTHAM, MA 02451
8 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
	WEBSITE/EMAIL
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2024	CONSTANT CONTAC
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$154.57	1601 TRAPELO RD
Expenditure from corporate funds	WALTHAM, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	WEBSITE/EMAIL
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2024	HEB Gas
Amount (\$)	Payee address; City; State; Zip Code
\$19.43	420 WEST BANDERA RD
Expenditure from corporate funds	BOERNE, TX 78006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	TRAVEL Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GASOLINE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	emorials Expense Printing	Expense Expense //Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
L	Sch: 2/2 Rpt: 16/16	Texans for Toll-free H	ighways		00058340	
4	Date	5 Payee name				
	02/07/2024	US POSTAL SERVIC	E			
6	Amount (\$)	7 Payee address; City	; State; Zip C	ode		
	\$17.70	13428 SAN PEDRO A	AVE			
	Expenditure from corporate funds	SAN ANTONIO, TX 7	8216			
8	PURPOSE	(a) Category (See Categories li	sted at the top of this schedule)	(b) Description		
	OF EXPENDITURE	POSTAL SERVICE			I outside of Texas. Complete Schedule T.	
					n, TX, officeholder living expense	
				CONTROLL	DCUMENTS TO SOS AND STATER	I E
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder na H	ume Office so	ught	Office held	