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) 00085334 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Republican Initiative Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9438 Pearsall Dr. Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77064 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Mark T. NAME NICKNAME LAST **SUFFIX** McCaig STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 9438 Pearsall Dr. STREET **ADDRESS** (Residence or Business) Houston, TX 77064 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9438 Pearsall Dr. MAILING **ADDRESS** Houston, TX 77064 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 222-0585 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)
Texas Republican Initiative			00085334	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Donna Kelm County Party Cha	air	
(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.)			
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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,000.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	331.29
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	-		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Mark	T. McCaig	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

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ID (Ethics Commission Filers)
85334
, Presiding Judge

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MITTEE NAME				40 ET UD (Ethio Commission ET us)
				13 Filer ID (Ethics Commission Filers)
as Republican Initia				00085334
MMITTEE IVITY	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Hervey Court Of Crimin	nal Appeals, Judge
ach lists on plain er to complete this rt 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.)			
MMITTEE IVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Michelle Slaughter Court Of Crir	ninal Appeals, Judge
ach lists on plain er to complete this rt 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.)			
MMITTEE IVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representati	ive
ach lists on plain er to complete this rt 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.)			
	IVITY ach lists on plain er to complete this	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE IVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this 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	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE IVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this int if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE IVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Briscoe Cain State Representat B. Opposed B. Opposed A. Supported B. Opposed A. Supported A. Supported Describe by date and location of election and nature of issue.)

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OMMITTEE NAME exas Republican Initiat OMMITTEE CTIVITY	tive 1. Candidates			13 Filer ID 00085334	(Ethics Commission Filers)
OMMITTEE		l		00085334	
	1. Candidates				
	(Identify by name or, if applicable, classify by party.)		Mano DeAyala State Represent	ative	
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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE	1. Candidates	A. Supported	Lacey Hull State Representative		
CTIVITY	(Identify by name or, if applicable, classify by party.)				
uttach 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.)		Tonya McLaughlin Court Of App	peals, Justice	
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 (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain aper to complete this port if necessary.) OMMITTEE CTIVITY Attach lists on plain aper to complete this	Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY I. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper 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.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) DOMMITTEE CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted	Assisted (identity by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (identity by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (identity by name or, if applicable, classify by party.) B. Opposed 3. Opposed 1. Candidates (identity by name or, if applicable, classify by party.) B. Opposed 3. Opposed 4. Supported 5. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (identity by name or, if applicable, classify by party.) 8. Opposed 1. Supported 8. Opposed 1. Supported 8. Opposed 1. Supported 8. Opposed 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 1. Supported	Assisted (identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY Ittach lists on plain apper 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.) DOMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) DOMMITTEE (Identify by name or, if applicable, classify by party.) DOMMITTEE (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Assisted (Identify by name or, if least and location of election and nature of issue.) 3. Officeholders (Assisted (Identify by name or, if least and location of election and nature of issue.)

FORM GPAC ADDENDUM

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission	Filers)
Texas Republican Initiat	ive				00085334		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mike Knox Ha	arris County Sherif	f		
(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		Cindy Siegel	County Party Chai	ir		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Silidy Siegel	County Faity Chai			
(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	Jacey Jetton	State Representat	ive		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	iocation of election and nature of issue.) 3. Officeholders Assisted						

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							1 ago 1 01 10
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Republican Initiat	tive				00085334	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary Gates State	Representativ	e	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	Δ Supported	Marshall Slot For	t Pond County	Choriff	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Marshall Slot For	i Bena County	Sheriii	
	(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	Donna Campbell	State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
			-				

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Republican Initial	tive				00085334	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair	State Represent	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	1. Candidates	A. Supported	Tom Maynard	State Board Of E	ducation	
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	1. Candidates (Identify by name or, if applicable, classify by party.)		Michael Ritter	Court Of Appeals	s, Justice	
(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.)					
	Officeholders Assisted (Identify by name or, if					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMIT Texas R	TEE NAME epublican Initiative	18 Filer ID 00085334	(Ethics Commission Filers)
	LE SUBTOTALS - SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2,000.23
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 F TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	e explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/9 Rpt: 10/18	Texas Republican Initiative			00085334	
4 Date	5 Payee name				
02/23/2024	AlphaGraphics Permian Basin	ı			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$1,200.00	1333 E. 5th St.				
Expenditure from corporate funds	Odessa, TX 79761				
8 PURPOSE	(a) Category (See Categories listed at the to	on of this schedule)	(b) Description		
OF	Advertising Expense	op of this scriedule)		outside of Texas. Con	plete Schedule T.
EXPENDITURE				n, TX, officeholder living	g expense
			Mail Expense	9	
			•		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	eld
<u> </u>					
Date	Payee name				
02/16/2024	ODP Business Solutions				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$519.60	6600 North Military Trail				
Expenditure from					
corporate funds	Boca Raton, FL 33496				
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense			outside of Texas. Con	
-			Printing	n, TX, officeholder living	g expense
			Timung		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office h	eld
expenditure to benefit C/O			nator District 25		senator District 25
Data					
Date	Payee name (see previous)				
. (4)	· · ·				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from					
corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
EXPENDITURE				outside of Texas. Con n, TX, officeholder living	
				,,conordor name	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	eld
expenditure to benefit C/O	H Craddick, Christi		Commissioner	Railroa	d Commissioner

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	e explains how to complete this form	ı .	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/9 Rpt: 11/18	Texas Republican Initiative		00085334	
4 Date	5 Payee name (see previous)		·	
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	n travel outside of Texas. Comple Austin, TX, officeholder living e	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	H Devine, John	Supreme Court Justice	e Place 4 Supreme	Court Justice Place 4
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds		la)		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	n travel outside of Texas. Comple Austin, TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Keller, Sharon	Office sought Court of Criminal Appe	Office held	d Criminal Appeals,
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	n travel outside of Texas. Comple Austin, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Hervey, Barbara	Office sought Court Of Criminal Appe	Office held eals, Court Of	d Criminal Appeals,

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

	Credit Card Payment	The Instruction Guide explains how t	to complete this form.			
1	Total pages Schedule F1: Sch: 3/9 Rpt: 12/18	FILER NAME Texas Republican Initiative		1	Filer ID 00085334	(Ethics Commission Filers)
_		·				
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip	Code			
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		outoid.	o of Toyloo Comm	ploto Cobodulo T
	EXPENDITURE				officeholder living	olete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/OH	1	sought		Office he	
	·	Slaughter, Michelle Court	t Of Criminal Appeals	, —	Court O	f Criminal Appeals,
	Date	Payee name				
	A (A)	(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)				
	EXPENDITURE		_ 		e of Texas. Comp officeholder living	olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/OI		sought		Office he	
	experiditure to benefit C/Oi	H Maynard, Tom State	Board Of Education	Distr	rict State Bo	oard Of Education
	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)				
	EXPENDITURE				e of Texas. Comp officeholder living	expense
				,, -	9	
	Complete ONLY if direct		sought		Office he	eld
	expenditure to benefit C/OI	H Troxclair, Ellen State	Representative Dist	ict 1	9 State Re	epresentative District 19

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 Committee

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

	Credit Card Payment	The Instruction Guide explains	how to complete this form.			
1	Total pages Schedule F1:			3 F	iler ID	(Ethics Commission Filers)
	Sch: 4/9 Rpt: 13/18	Texas Republican Initiative		C	00085334	
4	Date	5 Payee name (see previous)				
6	Amount (\$)		e; Zip Code			
Ü	Amount (4)	r rayee address, City, State	e, Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci	Check if tra		e of Texas. Comp	olete Schedule T. expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
Ĭ	expenditure to benefit C/O	1	Court Of Appeals, Justic	e Place		
	Date	Payee name				
	02/16/2024	ODP Business Solutions				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$270.63	6600 North Military Trail				
	Expenditure from corporate funds	Boca Raton, FL 33496				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Printing Expense	Check if tra		e of Texas. Comp	olete Schedule T. expense
	Complete ONLY if direct		Office sought		Office he	ld
	expenditure to benefit C/OF	T Craddick, Christi	Railroad Commissioner		Railroad	d Commissioner
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this sci		vol outoido	of Toyon Com	olete Schedule T.
	EXPENDITURE				fficeholder living	
	Complete ONLY if direct		Office sought	_	Office he	
	expenditure to benefit C/O	1 Devine, John	Supreme Court Justice	Place 4	Suprem	e Court Justice Place 4

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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	e explains how to complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 14/18	Texas Republican Initiative		00085334
4 Date	5 Payee name (see previous)		•
2 A (A)	<u> </u>	0: . 7: 0 .	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	n
OF EXPENDITURE		<u> </u>	ravel outside of Texas. Complete Schedule T.
		Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		Court of Criminal Appe	
Date	Payee name		
Batto	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
γ πιοαπε (Φ)	ayee address, Shy,	State, Zip Sode	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	n
OF EXPENDITURE			ravel outside of Texas. Complete Schedule T.
		L Crieck ii 7	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Hervey, Barbara	Court Of Criminal Appe	eals, Court Of Criminal Appeals,
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
· ···· (+)	l sycomoso, sig,		
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	n
OF	(a) Category (See Categories listed at the to	· / ·	ravel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OH Slaughter, Michelle Court Of Criminal Appeals, Court Of Criminal Appeals,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 6/9 Rpt: 15/18	Texas Republican Initiative		00085334
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Cain, Briscoe	Office sought State Representative Di	Office held istrict 128 State Representative District
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H DeAyala, Mano	Office sought State Representative Di	Office held strict 133 State Representative District
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Hull, Lacey	Office sought State Representative Di	Office held strict 138 State Representative District

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide		mplete this form.	OTTLK (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	-	-	3 Filer ID	(Ethics Commission Filers)
Sch: 7/9 Rpt: 16/18	Texas Republican Initiative			00085334	
4 Date	5 Payee name			•	
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
Expenditure from					
corporate funds					
8 PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description	andride of Tanas Comm	data Cabadula T
EXPENDITURE				outside of Texas. Comp n, TX, officeholder living	
			Ш	_	•
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	ld
expenditure to benefit C/OI	^H McLaughlin, Tonya	Court Of	Appeals, Justice	Place	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description		
OF EXPENDITURE			-	outside of Texas. Comp n, TX, officeholder living	
			Crieck ii Austii	i, 1%, officeriolder living	ехрепос
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	ld
expenditure to benefit C/OH Knox, Mike Harris County Sheriff					
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description		
OF EXPENDITURE	· · ·	,	<u> </u>	outside of Texas. Comp	
			Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sou	aht	Office he	
expenditure to benefit C/O			arty Chair		Party Chair

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 17/18	Texas Republican Initiative	00085334
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Condidate/Officeholder name Office o	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office s Jetton, Jacey State F	ought Office held Representative District 26 State Representative District 26
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) Description
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	uaht Office held
expenditure to benefit C/O		Representative District 28 State Representative District 28
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE	(a) Catagony (a	(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	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/OI		end County Sheriff

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 Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1: Sch: 9/9 Rpt: 18/18	2 FILER NAME Texas Republican Initiative	3 Filer ID (Ethics Commission Filers) 00085334
4 Date 01/31/20246 Amount (\$)	5 Payee name Prosperity Bank7 Payee address; City; State; Zip C	Code
\$10.00 Expenditure from corporate funds	9155 W. Sam Houston Parkway N. Houston, TX 77064	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ought Office held