#### 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) 00087048 3 COMMITTEE NAME **OFFICE USE ONLY SEIU Texas PAC** Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4299 San Felipe Street Date Hand-delivered or Date Postmarked Suite 200 Change of Address Houston, TX 77027 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Catalina NAME NICKNAME LAST **SUFFIX** Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4299 San Felipe Street, Suite 200 STREET **ADDRESS** (Residence or Business) Houston, TX 77027 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4299 San Felipe Street, Suite 200 MAILING **ADDRESS** Houston, TX 77027 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 904-9755 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** 01/01/2024 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)
SEIU Texas PAC			00087048	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lauren Simmons State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
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	\$	163.19
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,450.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	79,709.09
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Catalina	Martinez	
		Signature of Car	mpaign Treasui	rer
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	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

## GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC

COMMITTEE NAME SEIU Texas PAC  COMMITTEE COMMI	2 COMMITTEE NAME SEIU Texas PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  (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  13 Filer ID 00087048  A. Supported Alexsandra Annello State Representative  A. Supported  B. Opposed  B. Opposed	ADDENDUM						PURPOSE
SEIU Texas PAC  COMMITTEE (CTIVITY  Attach lists on plain aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Alexsandra Annello State Representative  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted	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  A. Supported Alexsandra Annello State Representative  A. Supported Alexsandra Annello State Representative  A. Supported B. Opposed  B. Opposed  A. Supported  B. Opposed	Page 3 of 8	13 Eilor ID	I				COMMITTEE NAME
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain saper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted	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 Alexsandra Annello State Representative  B. Opposed  A. Supported Alexsandra Annello State Representative  A. Supported B. Opposed  B. Opposed  3. Officeholders Assisted	.a Commission Filers						
Attach lists on plain applicable, classify by party.  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted	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  A. Supported  B. Opposed			Ctoto Donge	Alexandra Ama-II-	A Cupported	1 Candidates	
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted		sentative	State Repres	Alexsandra Annelio	A. Supported		ACTIVITY
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted					B. Opposed		(Attach lists on plain paper to complete this report if necessary.)
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted					A. Supported	2. Measures	
3. Officeholders Assisted	3. Officeholders Assisted							
Assisted	Assisted					B. Opposed		
							3. Officeholders Assisted	
applicable, Classify by party.)	appicable, Classify by party.)						1	

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			4 of 8
17 COMMIT	TEE NAME xas PAC	<b>18</b> Filer ID 00087048	(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	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	- GANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	<u> </u>	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 12,450.00
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 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

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

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: 1/4 Rpt: 5/8	SEIU Texas PAC	00087048		
4 Date	5 Payee name	·		
01/23/2024	DiscPro Graphics and Printing			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$357.49	339 Greens Landing Dr			
Expenditure from corporate funds	Houston, TX 77038			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		GOTV Mailer for Houston Runoff Election in December 2023		
		December 2023		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	-		
expenditure to benefit C/Oi	<sup>1</sup> Jackson Lee, Sheila Houst	on Mayor		
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip	Code		
(1)	.g.,,,,,,,,			
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.		
EXI ENDITORE		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	<del>-</del>		
Houston City Controller				
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip	Code		
Expenditure from corporate funds				
•	(2) 2	(I-) =		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held		
expenditure to benefit C/O		on City Council		

#### 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

Credit Card Payment	•	le explains how to complete this	, , , , , , , , , , , , , , , , , , , ,	
1 Total nages Schedu	le F1: <b>2</b> FILER NAME		3 Filer ID (Ethics Commission Filers	<del></del>
Sch: 2/4 Rpt: 6			00087048	,
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) Desci	ription	
OF EXPENDITURE			eck if travel outside of Texas. Complete Schedule T.	
		│	eck if Austin, TX, officeholder living expense	
9 Complete ONLY if d	irect Candidate/Officeholder name	Office sought	Office held	
expenditure to bene		Houston City Cour		
Date				
Date	Payee name (see previous)			
Amount (\$)		State; Zip Code		
Amount (\$)	Payee address; City;	State, Zip Code		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Desci	rintion	
OF	(See Categories listed at the	·	neck if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Ch	eck if Austin, TX, officeholder living expense	
Complete ONLY if description of the complete o		Office sought Houston City Cour	Office held	
·	Castillo, Mario	Housion City Coul	ICII	
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			
EXPENDITURE			leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense	
			reck if Additif, 174, diffectionals living expense	
Complete ONLY if d	irect Candidate/Officeholder name	Office sought	Office held	
expenditure to bene		Houston City Cour	ncil	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District 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: 3/4 Rpt: 7/8	SEIU Texas PAC 00087048
4 Date	5 Payee name
02/02/2024	LGG Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,262.50	7905 Cahill Drive
Expenditure from corporate funds	Austin, TX 78729
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Compaign finance consulting
	Campaign finance consulting
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/15/2024	LGG Group LLC
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,000.00	7905 Cahill Drive
Expenditure from	
corporate funds	Austin, TX 78729
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	c y (car amagene man up a man amagene
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign finance consulting
	Sampangh manas sonouning
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/15/2024	Lauren Simmons Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$8,000.00	P.O. Box 56386
Expenditure from corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category of the Instruction Guide explains how to complete this form.	not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
Sch: 4/4 Rpt: 8/8	SEIU Texas PAC 00087048	
4 Date	5 Payee name	
02/22/2024	Office Depot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$666.82	1111 Geronimo Drive	
Expenditure from corporate funds	El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schelling Check if Austin, TX, officeholder living expense  Printing expense	dule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Office sought  Office held  State Representative District 77	