FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016545 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Baylor Med Date Received **ELECTRONICALLY FILED** 03/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1301 McKinney, Ste. 5100 Change of Address Houston, TX 77010-3095 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Paul A. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Braden CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 2200 Ross Avenue STREET **ADDRESS** Suite 3600 (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2200 Ross Avenue MAILING **ADDRESS Suite 3600** Change of Address Dallas, TX 75201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 855-8189 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

0.00141417755			T40 = 1		(Ethica Commission Ethics)
2 COMMITTEE NAME			13 Filer I		(Ethics Commission Filers)
Friends of Baylor Med			00016	0545	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or if	A. Supported			
ACTIVITI	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain					
paper to complete this report if necessary.)		B. Opposed			
report ii riecessary. <i>j</i>					
		1. 0			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		D. Opposed			
		B. Opposed			
	2 Office holders	 			
	Officeholders Assisted				
	(Identify by name or, if				
	applicable, classify by party.)				
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS		OR GUARANTEES OF LOANS, OR NADE ELECTRONICALLY)		\$	0.00
		qualifies for the higher itemization threshold			
	2. TOTAL POLITICA	L CONTRIBUTIONS	_ 	\$	
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)		•	5,000.00
EXPENDITURE	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	<u> </u>		
TOTALS			[`	\$	0.00
	4. TOTAL POLITICA	 LL EXPENDITURES		s	
			[`	Þ	62,500.00
CONTRIBUTION	5 TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LAS	TDAY		
BALANCE	OF THE REPORTING			\$	124,943.04
	2 TOTAL BOILDING	······································			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	^F :	\$	0.00
					-
6 AFFIDAVIT					
				-	
		I swear, or affirm, under penalty of p true and correct and includes all info			
		under Title 15, Election Code.	0111100.0	quiioc	10 be reported 2,
		Mr. Paı	ul A. Brade	en	
		Signature of C	Campaign T	reasure	er
A SELV NIOTA DA	COTAND COEAL ABOVE				
AFFIX NUTAKY	/ STAMP / SEAL ABOVE				
Sworn to and subscribed	I before me, by the said	,	this the		day
		which, witness my hand and seal of office.	, tino trio		uu,
01	_, 20, 10 001111, 1	which, whiless my hand and seal of office.			
Signature of officer ad		Printed name of officer administering oath	Title	of office	er administering oath
Signature of officer au	ministering oath	Finited name of officer administering oath	Tiue	Ji Ollice	administering batti

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3	of 19
17 COMMITTEE NAME Friends of Baylor Med		18 Filer ID 00016545	(Ethics Commission Fi	lers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMO	UNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	NS		\$ 5	5,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CONTRIB	ORPORATION OR LABC)R	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBU LABOR ORGANIZATION	ITIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPOR	RATION OR LABOR ORG	ANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CO ORGANIZATION	RPORATION OR LABOR		\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM COR	RPORATION OR LABOR (ORGANIZATION	\$	
9. SCHEDULE E: LOANS			\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POL	LITICAL CONTRIBUTION:	S	\$ 62	2,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM F	POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CAP	RD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM F	POLITICAL CONTRIBUTION	ONS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, TO FILER	AND CONTRIBUTIONS I	RETURNED	\$	

The Instruction Guide explains how to complete this form. Sch Friends of Baylor Med Sch Sch O00	SCHEDULE A1
Friends of Baylor Med 4 Date 02/14/2024	tal pages Schedule A1: ch: 1/1 Rpt: 4/19
4 Date 02/14/2024 5 Full name of contributor out-of-state PAC (ID#:	er ID (Ethics Commission Filers) 0016545
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	nount of Contribution (\$) \$5,000.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 1/15 Rpt: 5/19	
	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Allen, Alma A.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10101 Fondren Rd, #500
Expenditure from	Houston, TX 77096
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
	State House, Bloanet 191
O Compulate ONLY if diseast	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Alvarado, Carol
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 230842
42,000.00	1.6.26.X = 333
Expenditure from	Hauster TV 77000
corporate funds	Houston, TX 77223
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State Seriale, District 0
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
02/14/2024	Ashby, Trent
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 412
41,000.00	1101.50% 122
Expenditure from	L.::::::::::::::::::::::::::::::::::::
corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 9
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

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

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: 2/15 Rpt: 6/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Bettencourt, Paul
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E. Greenway Plaza
	Suite 225
Expenditure from corporate funds	Houston, TX 77046-0106
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	State Senate, District 7
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
02/14/2024	Bonnen, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Bryant, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 140977
Expenditure from corporate funds	Dallas, TX 75214
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
	State House, Blother II.
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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/15 Rpt: 7/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Buckley, Brad
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	State House, District 54
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Campbell, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1308 Common Street
	Suite 2015, Box 713
Expenditure from corporate funds	New Braunsfels, TX 78130
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	State Senate, District 25
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	₹
Date	Payee name
02/14/2024	Campos, Elizabeth "Liz"
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3124 Sidney Brooks
Ψ1,000.00	Suite A
Expenditure from	
corporate funds	San Antonio, TX 78255
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 113
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 8/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Canales, Terry
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	602 W University Drive
— Forest dit us from	Suite B
Expenditure from corporate funds	Edinburgh, TX 78531
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 40
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/14/2024	Capriglione, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 98
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y
Date	Payee name
02/14/2024	Cunningham, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7702 FM 1960E
, —, · · · · · · ·	Suite 370B
Expenditure from	
corporate funds	Humble, TX 77345
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
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
	State House, District 127
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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/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: 5/15 Rpt: 9/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	DeAyala, Mano
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	9525 Katy Freeway, #215B
Expenditure from corporate funds	Houston, TX 77024
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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
	State House, District 155
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	·
Date	Payee name
02/14/2024	Geren, Charles L.
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1440
, , , , , , , , , , , , , , , , , , , ,	
Expenditure from	Fart Warth TV 70101
corporate funds	Fort Worth, TX 76101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 99
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
02/14/2024	Gervin-Hawkins, Barbara
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 39602
, ,	
Expenditure from	Can Antonia TV 70010
corporate funds	San Antonio, TX 78218
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 120
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	<u>'</u>
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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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 10/19	Friends of Baylor Med O0016545
4 Date	5 Payee name
02/14/2024	Gonzalez, Mary
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 450
Ψ1,000.00	THE BOX 100
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 13
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Guillen, Ryan A.
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5346 E. US Hwy 83
	Bldg A, Ste 5-A
Expenditure from corporate funds	Rio Grande City, TX 78582
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
	State House, District of
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Harless, Sam
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	15814 Champion Forest
	PMB 312
Expenditure from corporate funds	Spring, TX 77379
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Z/II ZIIDII OILE	Candidate/Officeholder/Political Committee
	State House, District 126
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 7/15 Rpt: 11/19	Friends of Baylor Med O0016545
4 Date	5 Payee name
02/14/2024	Hinojosa, Juan "Chuy"
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1508 S Lone Star Way
- "	Suite # 5B
Expenditure from corporate funds	Edinburg, TX 78537
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	State Senate, District 20
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Howard, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 5375
Expenditure from corporate funds	Austin, TX 78763
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
	State House, District 48
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Huffman, Joan
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	
φ2,500.00	3733-1 Westheimer, #40
Expenditure from corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	State Senate, District 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 12/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Hull, Lacey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
	1
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
	State House, District 150
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Hunter, Todd Ames
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	445 Cape Henry
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	State House, District 32
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/14/2024	Jetton, Jacey
Amount (\$)	
\$1,000.00	306 Morton Street
Expenditure from	
corporate funds	Richmond, TX 77469
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	State House, District 26
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 9/15 Rpt: 13/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Johnson, Ann
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 56386
Expenditure from	
corporate funds	Houston, TX 77256
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
	State House, District 134
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Jones, Jolanda
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10709 Marsha Lane
42,000.00	
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 141
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Klick, Stephanie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 91
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 10/15 Rpt: 14/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Kuempel, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	200 N. River Street
— Forest dit us form	#100E
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	State House, District 44
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Lalani, Suleman
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 6514
Expenditure from corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 70
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Longoria, Oscar
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1320 S. Main Street
Expenditure from corporate funds	Penitas, TX 78576
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 35
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to bollont 0/01	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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: 11/15 Rpt: 15/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Lozano, J. M.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	727 Arroyo Drive
Expenditure from	
corporate funds	Kingsville, TX 78363
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 Check if Austin, TX, officeholder living expense State House, District 43
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/14/2024	Moody, Joe
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7365 Remcon Circle C-301
Expenditure from corporate funds	El Paso, TX 79912
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORL	Candidate/Officeholder/Political Committee
	State House, District 78
Commission ONII V if disposi	Condidate/Officeholder some
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Morales, Christina
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 6514
Expenditure from	
corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 143
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/15 Rpt: 16/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Oliverson, Tom
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E. Greenway Plaza
Expenditure from	Suite 225
corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 150
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4 -
Date	Payee name
02/14/2024	Phelan, Dade
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 848
Expenditure from	
corporate funds	Nederlands, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Speaker, State House, District 21
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	i
Date	Payee name
02/14/2024	Rose, Toni
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 41867
Expenditure from corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORE	Candidate/Officeholder/Political Committee
	State House, District 110
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (output a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	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: 13/15 Rpt: 17/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Schofield, Mike
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	22910 Colonial Parkway, #1001
Expenditure from corporate funds	Katy, TX 77449
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
	State House, Bloanet 192
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/14/2024	Shine, Hugh
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 793
+ -,	
Expenditure from corporate funds	Temple, TX 76503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 33
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
02/14/2024	Smith, Reggie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	300 N. Travis Street
Expenditure from	
corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	State House, District 62
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/15 Rpt: 18/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	Stucky, Lynn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 464
Expenditure from corporate funds	Denton, TX 76202
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
	State House, Bistrict 64
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Thompson, Senfronia
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,500.00	10527 Homestead
Expenditure from	
corporate funds	Houston, TX 77016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	State House, District 141
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/14/2024	Turner, Chris
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 182093
Expenditure from	Arlington, TX 76096
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	State House, District 101
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/15 Rpt: 19/19	Friends of Baylor Med 00016545
4 Date	5 Payee name
02/14/2024	VanDeaver, Gary
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 866
·	
Expenditure from corporate funds	New Boston, TX 75570
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State House, District 1
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Walle, Armando L.
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2909 East Aldine Amphitheatre Dr.
Expenditure from corporate funds	Houston, TX 77039
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
	State House, Bistrict 140
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	West, Royce
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	320 S RL Thornton Freeway Service Rd
— Foresediture from	Suite 210
Expenditure from corporate funds	Dallas, TX 75203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	State Seriate, District 25
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y