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) 00016982 3 COMMITTEE NAME **OFFICE USE ONLY** Jackson Walker L.L.P. Political Action Committee Date Received **ELECTRONICALLY FILED** 03/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 Congress Ave. #1100 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Jonathan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Neerman CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2323 Ross Avenue, Suite 600 STREET **ADDRESS** (Residence or Business) Dallas, TX 75201-2725 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 953-5822 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

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | | 13 Fil | ler ID | (Ethics Commission Filers) |
|---|--|------------------------------|--|--------------------|---------------|----------------------------|
| Jackson Walker L.L.P. | Political Action Commit | ttee | | 00 | 016982 | |
| L4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported D | eWayne Burns Sta | te Representat | ive | |
| (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.) | | | | | |
| 5 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report | OR GUARANTEES MADE ELECTRONI | S OF LOANS, ÒR CALLY) | RTHAN | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | | | 32,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | \$ | 26,817.78 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | | MAINTAINED AS OF 1 | THE LAST DAY | \$ | 1,530.13 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL A LAST DAY OF THE | | | IS AS OF THE | \$ | 0.00 |
| 6 AFFIDAVIT | ' | | | | | |
| | | true | ear, or affirm, under pe and correct and includ er Title 15, Election Co | es all information | | |
| | | | N | 1r. Jonathan Ne | eerman | |
| | | | Signa | ature of Campaig | n Treasur | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | | |
| | before me, by the said | | | | e | day |
| of | _, 20, to certify v | which, witness my I | hand and seal of office | | | |
| | | | | | | |
| Signature of officer ad | ministering oath | Printed name of of | ficer administering oat | h Tit | tle of office | er administering oath |

| | | | | Page 3 of 22 |
|---|--|--|--|---|
| | | | 13 Filer ID | (Ethics Commission Filers) |
| litical Action Committ | :ee | | 00016982 | |
| Candidates (Identify by name or, if applicable, classify by party.) | | DeWayne Burns State | Representative | |
| | B. Opposed | | | |
| Measures (Describe by date and location of election and | A. Supported | t | | |
| nature of issue.) | B. Opposed | | | |
| | | | | |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| Candidates (Identify by name or, if | A. Supported | Angie Chen Button Sta | ate Representative | |
| | B. Opposed | | | |
| Measures (Describe by date and location of election and nature of issue.) | A. Supported | 1 | | |
| | B. Opposed | | | |
| Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| Candidates (Identify by name or, if | A. Supported | Mark Englehart Distric | :t Judge | |
| | B. Opposed | | | |
| Measures (Describe by date and location of election and nature of issue.) | A. Supported | t | | |
| | B. Opposed | | | |
| Officeholders Assisted (Identify by name or, if | | | | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders 3. Officeholders 4. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders 4. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders 4. Candidates (Identify by name or, if applicable, classify by party.) | (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported (Identify by name or, if applicable, classify by party.) 5. Opposed (Identify by name or, if applicable, classify by party.) 6. Opposed (Identify by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 9. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) | A. Supported DeWayne Burns State (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 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported A. Supported A. Supported A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed | Itical Action Committee 1. Candidates (Identity 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 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 4. Supported Dewayne Burns State Representative B. Opposed 5. Opposed 4. Supported Describe by date and location of election and nature of issue.) B. Opposed 6. Supported Angie Chen Button State Representative 7. A. Supported Angie Chen Button State Representative 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) |

| L2 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|-------------|---------------|-----------------|-------------|----------------------------|
| Jackson Walker L.L.P. Pol | litical Action Committ | ee | | | 0001698 | 2 |
| L4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | ed Charlie Ge | ren State Repre | esentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | I | | | |
| | 2. Measures | A. Supporte | ed | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | I | | | |
| | Officeholders Assisted (Identify by name or, if | | | | | |
| 001447777 | applicable, classify by party.) | 1 | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | ed Cody Harri | s State Repres | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | I | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed | | | |
| | | B. Opposed | I | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE | 1. Candidates | A. Supporte | d Lacev Hull | State Represer | ntative | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | , | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | I | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed | | | |
| | | B. Opposed | I | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | I | | | | |

| | | | | | | Page 5 of 22 |
|---|--|--------------|---------------|--------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Po | litical Action Committ | ee | | | 00016982 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Lacey Hull St | ate Representative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Lacey Hull St | ate Representative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Lacey Hull St | ate Representative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
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|---|---|--------------|--------------|-------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Po | litical Action Committ | tee | | | 00016982 | 2 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Jacey Jetton | State Representat | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Jacey Jetton | State Representat | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jacey Jetton | State Representat | tive | |
| (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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|---|---|--------------|----------------|-----------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Po | litical Action Committ | tee | | | 00016982 | 2 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Stephanie Klic | k State Represe | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | John Kuempel | State Represer | itative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Stan Lambert | State Represent | ative | |
| (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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|---|---|-----------|--------------|---------------|--------------|-------------|----------------------------|
| L2 COMMITTEE NAME | | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Pol | itical Action Committ | tee | | | | 00016982 | |
| L4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | ted Stan La | ambert State | Representat | ive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppose | d | | | | |
| | 2. Measures | A. Suppor | ted | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | | |
| | | B. Oppose | d | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| COMMITTEE | 1. Candidates | | ed leff Lea | ach State Re | nresentative | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Jen Lee | acii State Ne | presentative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppose | ed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppor | ted | | | | |
| | | B. Oppose | ed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| COMMITTEE | 1. Candidates | A. Suppor | ted Christia | an Manuel St | ate Represe | ntative | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppose | ed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppor | ed | | | | |
| | | B. Oppose | ed | | | | |
| | Officeholders Assisted | | | | | | |
| | (Identify by name or, if applicable, classify by party.) | J | | | | | |

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|---|---|-------------|------------------|--------------------|-------------|----------------------------|
| 2 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| ackson Walker L.L.P. Po | litical Action Committ | .ee | | | 00016982 | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | ed Christian Mar | nuel State Represe | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | t | | | |
| | 2. Measures | A. Supporte | ed | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | t | | | |
| | 3. Officeholders Assisted (Identify by name or, if | | | | | |
| | applicable, classify by party.) | <u> </u> | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | ed Dade Phelan | State Representat | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | t | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed | | | |
| | | B. Opposed | d | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE | Candidates | <u> </u> | ed Rennie Smith | n State Representa | ntivo | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | zu Reggie oniin. | 1 State Representa | llive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | t | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed | | | |
| | nature of issue.) | B. Opposed | t | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |

| | | | | | | Page 10 of 22 |
|---|---|--------------|---------------|------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Pol | itical Action Committ | tee | | | 00016982 | 2 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Reggie Smith | State Representa | ative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | John Smithee | State Representa | ative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | David Spiller | State Representa | tive | |
| (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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|---|---|--------------|----------------------|--------------|----------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Jackson Walker L.L.P. Po | litical Action Committ | ee | | | 00016982 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Kondra Thimesch S | State Repres | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Dannick Villasenor-I | Hernandez [| District Judge | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Beth Watkins Court | Of Appeals, | 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.) | | | | | |
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SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | 12 | of 22 |
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| имітте | EE NAME | 18 Filer ID | (Ethics Commission Fil | ers) |
| kson V | Valker L.L.P. Political Action Committee | 00016982 | | · |
| IEDLILI | SURTOTALS | | <u> </u> | |
| | | | SUBTOTAL AMO | UNT |
| il Oi . | SCHEDOLL | | | |
| X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | s 32 | ,000.00 |
| | | | <u> </u> | , |
| | COLIED HE AS NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS | | | |
| Ш | SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
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| Ш | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
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| | |)R | \$ | |
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| П | | ATION OR | l _e | |
| ш | LABOR ORGANIZATION | | ļΨ | |
| | COURDING CO. MONETARY CURRORT FROM CORRORATION OR LARGE ORG | ANIZATIONI | | |
| Ш | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| | SCHEDI II E CA: NION-MONETARY SURPORT EROM CORRORATION OR LAROR | · | | |
| | ORGANIZATION | | \$ | |
| | | | | |
| П | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| | | | | |
| | SCHEDULE F. LOANS | | l _e | |
| ш | CONEDULE L. LOVINO | | Φ | |
| ГД I | COURDING EA. DOUTICAL EVENINTURES FROM POLITICAL CONTRIBUTION | C | | 017.70 |
| X | SCHEDULE FI. POLITICAL EXPENDITORES FROM POLITICAL CONTRIBUTION. | 5 | \$ 20 | ,817.78 |
| | | | | |
| Ш | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| | | | | |
| | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | | | | |
| П | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | l _e | |
| ш | | | ļΨ | |
| | COLIED HE I NON DOLLTICAL EVENDITUDES EDOM DOLLTICAL CONTRIBUTION | ONIC | | |
| Ш | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | UNS | \$ | |
| | SCHEDI II E K. INTEREST CREDITS GAINS REFINDS AND CONTRIBITIONS | PETLIBNED | | |
| Ш | TO FILER | KETOKIVED | \$ | |
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| | EDULE SE OF | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR/LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS | EDULE SUBTOTALS IE OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | EDULE SUBTOTALS IE OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 32 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDULE A1 |
|---|--------------------------|---|------------------------------|----------------|---|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 13/22 |
| 2 | FILER NAME Jackson Wa | Iker L.L.P. Political Action Committee | | 3 | Filer ID (Ethics Commission Filers) 00016982 |
| 4 | Date 02/01/2024 | 5 Full name of contributor out-of-state PAC (ID: Jackson Walker LLP 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) \$16,000.00 |
| 8 | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| | Date 02/06/2024 | Full name of contributor out-of-state PAC (ID: Jackson Walker LLP Contributor address; City; State; Zip Code | #:) | | Amount of Contribution (\$) \$6,000.00 |
| | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | |
| | Date 02/25/2024 | Full name of contributor out-of-state PAC (ID: Jackson Walker LLP Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$10,000.00 |
| | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | | | | | |

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 | l 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: | |
| Sch: 1/9 Rpt: 14/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/01/2024 | Burns, DeWayne |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 703 Stonelake Drive |
| | |
| Expenditure from corporate funds | Cleburne, TX 76033 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 02/14/2024 | Burns, DeWayne |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4.50 | 703 Stonelake Drive |
| | |
| Expenditure from corporate funds | Cleburne, TX 76033 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| _/ | Check if Austin, TX, officeholder living expense |
| | Food and beverages |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| · | |
| Date | Payee name |
| 02/22/2024 | Button, Angie |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 832748 |
| | |
| Expenditure from corporate funds | Richardson, TX 75083 |
| 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. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 2/9 Rpt: 15/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/01/2024 | Englehart, Mike |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 56386 |
| | |
| Expenditure from corporate funds | Houston, TX 77256 |
| | 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 Campaign contribution |
| | Campaign contribution |
| | |
| 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 |
| 02/22/2024 | Geren, Charlie |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 1440 |
| , , | |
| Expenditure from | Fort Worth TV 70101 1440 |
| corporate funds | Fort Worth, TX 76101-1440 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit or of | <u> </u> |
| Date | Payee name |
| 02/05/2024 | Harris, Cody |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 1007 N. Mallard Street |
| , , | |
| Expenditure from | Delectine TV 75001 |
| corporate funds | Palestine, TX 75801 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| 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

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

| Candidate/Officenolder/Political | The Instruction Guide explains how to complete this form. |
|----------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/9 Rpt: 16/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/01/2024 | Hull, Lacey |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | P. O. Box 19231 |
| | |
| Expenditure from corporate funds | Houston, TX 77224 |
| 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 Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Davies warms |
| 02/14/2024 | Payee name |
| | Hull, Lacey |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$16.99 | P. O. Box 19231 |
| Expenditure from corporate funds | Houston, TX 77224 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| | Check if Austin, TX, officeholder living expense Food and beverages |
| | rood and beverages |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| <u> </u> | |
| Date | Payee name |
| 02/14/2024 | Hull, Lacey |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10.34 | P. O. Box 19231 |
| Expenditure from | |
| corporate funds | Houston, TX 77224 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| | Check if Austin, TX, officeholder living expense Food and beverages |
| | 1 ood and beverages |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 | 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: 4/9 Rpt: 17/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/14/2024 | Hull, Lacey |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$109.21 | P. O. Box 19231 |
| - " | |
| Expenditure from corporate funds | Houston, TX 77224 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Travel |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to belieff 6/01 | <u>'</u> |
| Date | Payee name |
| 02/01/2024 | Jetton, Jacey |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 306 Morton Street |
| , , | |
| Expenditure from corporate funds | Richmond, TX 77469 |
| · | |
| 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/Officerioider/Political Committee Campaign contribution |
| | Sampaign sommadon |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| · | |
| Date | Payee name |
| 02/14/2024 | Jetton, Jacey |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$16.99 | 306 Morton Street |
| | |
| Expenditure from corporate funds | Richmond, TX 77469 |
| PURPOSE | 1 |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Food and beverages |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | |
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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

| 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: 5/9 Rpt: 18/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/14/2024 | Jetton, Jacey |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$109.21 | 306 Morton Street |
| | |
| Expenditure from corporate funds | Richmond, TX 77469 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Travel |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 02/22/2024 | Klick, Stephanie |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 7582 |
| Expenditure from | |
| corporate funds | Fort Worth, TX 76111 |
| 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/OI | 1 |
| Date | Payee name |
| 02/01/2024 | Kuempel, John |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 902 E College |
| Expenditure from | |
| corporate funds | Seguin, TX 78155 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenoider/Politica | 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: 19/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/05/2024 | Lambert, Stan |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 3752 |
| | |
| Expenditure from corporate funds | Abilene, TX 79604 |
| 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 |
| | Campaign contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 02/14/2024 | Lambert, Stan |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$12.95 | P. O. Box 3752 |
| Expenditure from | |
| corporate funds | Abilene, TX 79604 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Food and beverages |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 02/01/2024 | Leach, Jeff |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 866186 |
| +=,000.00 | - 1 - 0 - 2 - 3 \tau - 0 - 0 - 2 - 3 \tau - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - |
| Expenditure from corporate funds | Plano, TX 75086 |
| PURPOSE | |
| 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 |
| | 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)
pense Event Expense Loan Repayment/Reimbu

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

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: 7/9 Rpt: 20/22 | 2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982 |
| 4 Date | 5 Payee name |
| 02/05/2024 | Manuel, Christian |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 3801 Turtle Creek Drive |
| | |
| Expenditure from corporate funds | Port Arthur, TX 77642 |
| | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/14/2024 | Manuel, Christian |
| Amount (¢) | |
| Amount (\$) | |
| \$9.51 | 3801 Turtle Creek Drive |
| - Consorditure from | |
| Expenditure from corporate funds | Port Arthur, TX 77642 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Food and Beverages |
| | 1 ood and Beverages |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to belieff Gree | • |
| Date | Payee name |
| 02/01/2024 | Phelan, Dade |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | P. O. Box 848 |
| - Evnanditure free- | |
| Expenditure from corporate funds | Nederland, TX 77627 |
| PURPOSE | I |
| OF | , <u> </u> |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | Sampaigh sommand |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/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: 21/22 | Jackson Walker L.L.P. Political Action Committee 00016982 |
| 4 Date | 5 Payee name |
| 02/01/2024 | Smith, Reggie |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 300 N. Travis Street |
| | |
| Expenditure from corporate funds | Sherman, TX 75090 |
| 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 |
| | Campaign contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiditure to benefit C/Oi | |
| Date | Payee name |
| 02/14/2024 | Smith, Reggie |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$28.08 | 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 | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Food and beverages |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 02/01/2024 | Spiller, David |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 447 |
| , –, | |
| Expenditure from corporate funds | Jacksboro, TX 76458 |
| 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 | 1 |
| | |
| | |
| | |

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 Cabadula F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: Sch: 9/9 Rpt: 22/22 | 2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982 |
| 4 Date | 5 Payee name |
| 02/05/2024 | Thimesch, Kronda |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 118978 |
| | |
| Expenditure from corporate funds | Carrollton, TX 75011 |
| | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | David and the second se |
| | Payee name |
| 02/01/2024 | Villasenor-Hernandez, Dannick |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P. O. Box 460032 |
| | |
| Expenditure from corporate funds | San Antonio, TX 78246 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 02/19/2024 | Watkins, Beth |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 329 Mary Louise Drive |
| Ψ2,000.00 | ozo mary zodioc zmo |
| Expenditure from corporate funds | San Antonio, TX 78201 |
| PURPOSE | |
| 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 | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
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