

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00085920	2 Total pages filed: 15	OFFICE USE ONLY	
3 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC	Date Received ELECTRONICALLY FILED 04/26/2024		Date Hand-delivered or Date Postmarked
4 TREASURER NAME Wolf, Lacy (Mr.)	Receipt #		Amount
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		Date Processed
	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024

7 EXPLANATION OF CORRECTION
 A contribution dated 2/23/24 from "Longshoreworkers Gulf Coast" for \$5,000 was improperly labeled. The contribution has been amended as "Houston ILA Dock and Marine Council PAC Fund". This correction does not change the date and/or the amount of the contribution, only the name of the contributor.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Lacy Wolf

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085920	2 Total pages filed: 15
3 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 04/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Sutherland St. Houston, TX 77023		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Lacy	
	NICKNAME	LAST	SUFFIX
		Wolf	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2210 Wichita St. Pasadena, TX 77502		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2210 Wichita St. Pasadena, TX 77502		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	479-2220	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/26/2024 02/24/2024		
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC	13 Filer ID (Ethics Commission Filers) 00085920
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sean Teare District Attorney - Harris County
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 91,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 54,166.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,594.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Lacy Wolf

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 15

12 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC		13 Filer ID (Ethics Commission Filers) 00085920
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	The Honorable Christian Menefee County Attorney - Harris County
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Annette Ramirez Tax Assessor-Collector - Harris County B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	The Honorable Alma Allen State Representative

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC	13 Filer ID (Ethics Commission Filers) 00085920
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mo Jenkins State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lauren Simmons State Representative
		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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Gulf Coast AFL-CIO Working People PAC		18 Filer ID (Ethics Commission Filers) 00085920
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 91,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 54,166.44
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 781.55

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 7/15
2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC		3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Garcia for Harris County Commissioner Campaign <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77256	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Lesley (Commissioner) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Theodore <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston ILA Dock and Marine Council PAC Fund <hr/> Contributor address; City; State; Zip Code Webster, TX 77598	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) IBEW PAC Educational Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 8/15
2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC		3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/23/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) IBEW PAC Educational Fund	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Washington, DC 20001		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Christian	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Port Arthur, TX 77642		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipefitters Local Union 211 C.O.P.E.	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code Deer Park, TX 77536		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local 68 COPE	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code Houston, TX 77249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Richard	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 9/15
2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC		3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Garcia for Congress <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77249	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teamsters Local 988 COPE <hr/> Contributor address; City; State; Zip Code Houston, TX 77032	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 10/15	2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC	3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/24/2024	5 Payee name ActBlue	
6 Amount (\$) \$142.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name Fuller, Aisha	
Amount (\$) \$408.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9407 Misty Bridge St. Houston, TX 77075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name M3 Graphics	
Amount (\$) \$7,523.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11730 S. Wilcrest Dr. Houston, TX 77099	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense walkcards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 11/15	2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC	3 Filer ID (Ethics Commission Filers) 00085920
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4 Date 02/07/2024	5 Payee name M3 Graphics
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6 Amount (\$) \$1,682.21	7 Payee address; City; State; Zip Code 11730 S. Wilcrest Dr. Houston, TX 77099
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense t-shirts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Patriot Software
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Amount (\$) \$2,537.23	Payee address; City; State; Zip Code 4883 Dressler Rd. NW Canton, OH 44718
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name Patriot Software
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Amount (\$) \$935.69	Payee address; City; State; Zip Code 4883 Dressler Rd. NW Canton, OH 44718
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll taxes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 12/15	2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC	3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/16/2024	5 Payee name Patriot Software	
6 Amount (\$) \$10,742.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4883 Dressler Rd. NW Canton, OH 44718	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Patriot Software	
Amount (\$) \$2,599.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4883 Dressler Rd. NW Canton, OH 44718	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Pendulum Group	
Amount (\$) \$4,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 80 Norfolk St. Needham, MA 02492	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 13/15	2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC	3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/09/2024	5 Payee name Pendulum Group	
6 Amount (\$) \$9,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 80 Norfolk St. Needham, MA 02492	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2024	Payee name Pendulum Group	
Amount (\$) \$13,632.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 80 Norfolk St. Needham, MA 02492	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense direct mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name Varisco, Justin	
Amount (\$) \$162.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 506 S. Austin St. #159 Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 14/15
2 FILER NAME Texas Gulf Coast AFL-CIO Working People PAC		3 Filer ID (Ethics Commission Filers) 00085920
4 Date 02/16/2024	5 Name of person from whom amount is received Patriot Software	8 Amount (\$) \$373.01
	6 Address of person from whom amount is received; City; State; Zip Code Canton, OH 44718	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer payroll taxes credit	
Date 02/20/2024	Name of person from whom amount is received Patriot Software	Amount (\$) \$408.54
	Address of person from whom amount is received; City; State; Zip Code Canton, OH 44718	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer credit for individual paid with check	

TEXT ANNOTATION

Sch: 1/1 Rpt: 15/15

FILER NAME

Texas Gulf Coast AFL-CIO Working People PAC

Filer ID (Ethics Commission Filers)

00085920

Schedule

Cover Sheet

Information entered by filer as a memo:

A contribution dated 2/23/24 from "Longshoreworkers Gulf Coast" for \$5,000 was improperly labeled. The contribution has been amended as "Houston ILA Dock and Marine Council PAC Fund". This correction does not change the date and/or the amount of the contribution, only the name of the contributor.