FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015721 3 COMMITTEE NAME **OFFICE USE ONLY BracewellPAC** Date Received **ELECTRONICALLY FILED** 05/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 711 Louisiana, Ste. 2300 Change of Address Houston, TX 77002-2781 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Patricia H. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Adams CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 711 Louisiana St. STREET **ADDRESS** Ste. 2300 (Residence or Business) Houston, TX 77002-2781 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 711 Louisiana St. MAILING **ADDRESS** Ste. 2300 Change of Address Houston, TX 77002-2781 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 221-1593 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 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME BracewellPAC | | | 13 Filer ID 00015721 | (Ethics Commission Filers) |
|---|--|--|-------------------------|--|
| | | | 00013721 | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | approados, sierza, zy pan., , | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 1 | | |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | | | |
| | | B. Opposed | | |
| | 3. Officeholders | Rep. Dade Phelan State Repre | esentative | |
| | Assisted (Identify by name or, if applicable, classify by party.) | Trop. Budo : Total Cialo : Top. S | 330man 3 | |
| 5 CONTRIBUTION | 11. TOTAL UNITEMIZEI | D POLITICAL CONTRIBUTIONS (OTHER THAN | | |
| TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICA | qualifies for the higher itemization threshold | | |
| | | DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 55,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 48,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 13,855.76 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| .6 AFFIDAVIT | | | <u> </u> | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. | rjury, that the a | accompanying report is d to be reported by me |
| | | Ms. Patrici | a H. Adams | |
| | | Signature of Can | | ırer |
| AFFIX NOTAI | RY STAMP / SEAL ABOVE | Signature 2. Can | mpaigir rroads | 1101 |
| Sworn to and subscrib | ed before me. by the said | , th | is the | day |
| | | which, witness my hand and seal of office. | | |
| | | , | | |
| | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of office | cer administering oath |

FORM MPAC **ADDENDUM**

| | | | | | Page 3 of 14 |
|---|---|--------------|--------------------------------|----------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| BracewellPAC | | | | 00015721 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | The Honorable Jimmy Blacklock | Supreme Cou | rt Justice |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (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.) | | The Honorable Jane Bland Supr | reme Court Jus | stice |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Judge TaKasha Francis 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.) | | | | |

FORM MPAC ADDENDUM

| | | | | | Page 4 of 14 |
|---|---|---|--------------------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| BracewellPAC | | | | 00015721 | |
| 14 COMMITTEE ACTIVITY (Attach lists on plain | Candidates (Identify by name or, if applicable, classify by party.) | A. SupportedB. Opposed | | | |
| paper to complete this report if necessary.) | | | | | |
| | 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.) | | Tarsha Jackson Houston City C | ouncil | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (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.) | | Judge Michael Gomez District J | ludge | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (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.) | | Glenn Hegar Comptroller | | |
| | | | | | |

FORM MPAC **ADDENDUM**

| Candidates (Identify by name or, if | A. Supported | | 13 Filer ID (Ethics Commission Filers) 00015721 |
|---|---|---|--|
| (Identify by name or, if | A Supported | | 00015721 |
| (Identify by name or, if | A Supported | | |
| applicable, classify by party.) | | | |
| | B. Opposed | | |
| 2. Measures | A. Supported | | |
| (Describe by date and location of election and nature of issue.) | | | |
| 1 | B. Opposed | | |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | The Honorable Frances Bourliot | Court Of Appeals, Justice |
| 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 | | |
| 1 | B. Opposed | | |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | The Honorable Meagan Hassan | Court Of Appeals, Justice |
| 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 | | |
| Officeholders Assisted (Identify by name or, if | | Sen. Royce West State Senator | |
| (Hr | (Identify by name or, if applicable, classify by party.) 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 (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted | (Identify by name or, if applicable, classify by party.) 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 5. Opposed 6. Supported 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. A. Supported 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Supported 2. Measures (Describe by date and location of election and location of sisue.) 8. Opposed | (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported 5. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 5. Opposed 5. Opposed 5. Opposed 5. Opposed 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 7. Supported 8. Opposed 8. Opposed 7. Supported 8. Opposed 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Opposed |

FORM MPAC **ADDENDUM**

| | | | | | Page 6 of 14 |
|---|---|---|---------------------------------|----------------|----------------------------|
| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| BracewellPAC | | | | 00015721 | |
| 14 COMMITTEE ACTIVITY (Attach lists on plain | Candidates (Identify by name or, if applicable, classify by party.) | A. SupportedB. Opposed | | | |
| paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures | A. Supported | | | |
| | (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.) | | John Whitmire Mayor, City of Ho | ouston | |
| COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Marilyn Burgess Harris County [| District Clerk | |
| COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | Martha Castex-Tatum Houston | City Council | |
| | applicable, classify by party.) | | | | |

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 7 of 14 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) BracewellPAC 00015721 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders The Honorable Julie Countiss Court Of Appeals, Justice Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | 8 of 14 | | | | | | |
|----------------|--|--|--------------|--------------------|-----------|--|--|
| 17 COMI | MITTE | E NAME | 18 Filer ID | (Ethics Commission | Filers) | | |
| Brace | ewellf | PAC | 00015721 | • | , | | |
| 19 SCHE | DULE | SUBTOTALS | <u> </u> | | | | |
| NAME | E OF S | SCHEDULE | | SUBTOTAL AN | MOUNT | | |
| 1 | П | COURDING A1. MONETARY POLITICAL CONTRIBUTIONS | | | FF 000 00 | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 55,000.00 | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION |)R | \$ | | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | |
| 9. | 9. SCHEDULE E: LOANS | | | | | | |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 48,500.00 | | |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | |
| 15. | 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|--|--|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 9/14 |
| 2 | FILER NAME BracewellPAC | 3 Filer ID (Ethics Commission Filers) 00015721 |
| 4 | Date 04/30/2024 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of Contribution (\$) \$25,000.00 |
| | Houston, TX 77002 | |
| 8 | Principal occupation / Job title (See Instructions) 9 Employer (See In | structions) |
| | Date Full name of contributor out-of-state PAC (ID#: | Amount of Contribution (\$) \$30,000.00 |
| _ | Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See In | structions) |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| 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: 1/5 Rpt: 10/14 | BracewellPAC 00015721 |
| 4 Date | 5 Payee name |
| 05/13/2024 | Bourliot for Justice |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 802782 |
| Expenditure from corporate funds | Houston, TX 77280 |
| 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 |
| | Political contribution, Frances Bourliot, Justice, 14th Court of Appeals |
| | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/06/2024 | Dade Phelan Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 5990 |
| . , | |
| Expenditure from corporate funds | Austin, TX 78763 |
| 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 |
| | Texas House |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 05/06/2024 | Friends of Michael Gomez Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 56386 |
| | |
| Expenditure from corporate funds | Houston, TX 77256 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| - | Candidate/Officeholder/Political Committee |
| | District Court |
| 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 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 | 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: 2/5 Rpt: 11/14 | BracewellPAC 00015721 |
| 4 Date | 5 Payee name |
| 04/29/2024 | Glenn Hegar Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 1008 |
| | |
| Expenditure from corporate funds | Katy, TX 77492 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EVENDITUE | Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Political contribution, Glenn Hegar, Texas |
| | Comptroller |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 05/06/2024 | Jimmy Blacklock Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10,000.00 | P.O. Box 1588 |
| | |
| Expenditure from corporate funds | Austin, TX 78767 |
| 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 |
| | Political contribution, Jimmy Blacklock, Justice, |
| | Texas Supreme Court |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/09/2024 | John Whitmire Campaign |
| 03/03/2024 | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10,000.00 | P.O. Box 7271 |
| | |
| Expenditure from corporate funds | Houston, TX 77248 |
| 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 |
| | Political contribution, John Whitmire, Mayor, City of |
| | Houston |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | y |
| | |
| | |
| | |

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
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 (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | , |
| Sch: 3/5 Rpt: 12/14 | BracewellPAC 00015721 |
| • | L |
| 4 Date | 5 Payee name |
| 05/06/2024 | Justice Jane Bland Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10,000.00 | 1005 Congress Avenue, Suite 400 |
| | |
| Expenditure from corporate funds | Austin, TX 78701 |
| | 1 |
| 8 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Political contribution, Jane Bland, Justice, Texas |
| | Supreme Court |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 05/22/2024 | Justice Julie Countiss Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 56386 |
| | |
| Expenditure from corporate funds | Houston, TX 77256 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Political contribution, Julie Countiss, Justice, 1st |
| | Court of Appeals |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 05/22/2024 | Marilyn Burgess Campaign |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | P.O. Box 7235 |
| Expenditure from | |
| corporate funds | Houston, TX 77248 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| LAFLINDITURE | Candidate/Officeholder/Political Committee |
| | Political contribution, Marilyn Burgess, Harris County District Clerk |
| | |
| 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 Co 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

| | Candidate/Officeholder/Politica Credit Card Payment | | • | | Vages | s/Contract Labor | | OTHER (enter a | category not listed above) | |
|---|---|------------|--|---------------|-------|--------------------|------|---------------------|------------------------------|---------|
| | | _ | The Instruction Guide expla | ins how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 4/5 Rpt: 13/14 | | BracewellPAC | | | | | 00015721 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 05/22/2024 | | Martha Castex-Tatum Campaign Fu | und | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; St | ate; Zip Co | de | | | | | |
| | \$2,000.00 | | 315 W. Alabama | | | | | | | |
| | | | Suite 103 | | | | | | | |
| | Expenditure from corporate funds | | Houston, TX 77006 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | Check if travel of | utsi | de of Texas. Comp | olete Schedule T. | |
| | LAFENDITORE | | Candidate/Officeholder/Political Co | mmittee | | \Box | | officeholder living | | |
| | | | | | | City Council | ıbu | tion, Martha | Castex-Tatum, F | louston |
| 9 | Complete ONLY if direct | <u> </u> | andidate/Officeholder name | Office sou | aht | | | Office he | ald. | |
| 9 | expenditure to benefit C/OI | | andidate/Oniceholder hame | Office 300 | gni | | | Office fie | iu. | |
| | Date | Г | Payee name | | | | | | | |
| | 05/13/2024 | | Meagan Hassan for Justice Campa | ian | | | | | | |
| | Amount (\$) | | | ate; Zip Co | nda | | | | | |
| | \$2,500.00 | | 448 W. 19th Street | ate, Zip Ct | ue | | | | | |
| | Ψ2,300.00 | | | | | | | | | |
| г | T Expenditure from | | No. 600 | | | | | | | |
| L | corporate funds | | Houston, TX 77008 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | | | | | de of Texas. Comp | | |
| | | | Candidate/Officeholder/Political Co | mmittee | | _ | | officeholder living | expense n Hassan, Justice | 1/th |
| | | | | | | Court of Appe | | | ir rassari, oustice | , ±-ti1 |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 05/13/2024 | | Royce West Campaign Committee | | | | | | | |
| | Amount (\$) | | Payee address; City; St | ate; Zip Co | ode | | | | | |
| | \$1,000.00 | | 320 South R.L. Thornton Freeway | | | | | | | |
| | | | Suite 210 | | | | | | | |
| | Expenditure from corporate funds | | Dallas, TX 75203 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | |
| | OF | <u> </u> ` | Contributions/Donations Made By | s scricudic) | `´ | : | utsi | de of Texas. Comp | olete Schedule T. | |
| | EXPENDITURE | | Candidate/Officeholder/Political Ćo | mmittee | | Check if Austin, | TX, | officeholder living | expense | |
| | | | | | | Political contri | ibu | tion, Royce | West, Texas Sen | ate |
| | Operation ONE VIII | L_ | and data (Office In all d | 045 | | | | 0//: : | l a | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office sou | gnt | | | Office he | PIO | |
| | | | | | | | | | | |
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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 Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|--|---|--|
| | <u>. </u> | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/5 Rpt: 14/14 | BracewellPAC | 00015721 |
| 4 Date | 5 Payee name | |
| 05/06/2024 | TaKasha Francis for Judge Campaign | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$500.00 | P.O. Box 300166 | |
| | | |
| Expenditure from corporate funds | Houston, TX 77230 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descript | tion |
| OF EXPENDITURE | Contributions/Donations Wade By | k if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Garialace, Gillochiclasii, Gillioa, Golilliace | x if Austin, TX, officeholder living expense |
| | | ll contribution, TaKasha Francis, Judge, |
| | 152001 | District Court |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 05/06/2024 | Tarsha Jackson for District B | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$1,000.00 | P.O. Box 90684 | |
| Expenditure from | | |
| corporate funds | Houston, TX 77290 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descript | tion |
| OF EXPENDITURE | | c if travel outside of Texas. Complete Schedule T. |
| LAPENDITORE | Garialdato/ Gillotti Garialdati Garialita | c if Austin, TX, officeholder living expense |
| | | l contribution, Tarsha Jackson, Houston City |
| | Council | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought OH | Office held |
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