

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) 00088700 | 2 Total pages filed: 12 |
| 3 COMMITTEE NAME Reform Project PAC | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 07/15/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2203 Marcus Abrams Blvd Austin, TX 78748 | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Kyle | | |
| | NICKNAME LAST SUFFIX Burke | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2203 Marcus Abrams Blvd. Austin, TX 78748 | | |
| | 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | |
| | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2203 Marcus Abrams Blvd. Austin, TX 78748 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (708) 543-6233 | | |
| | 9 REPORT TYPE | | |
| | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input 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 01/01/2024 | THROUGH | Month Day Year 06/30/2024 |
| | 11 ELECTION | | |
| | | ELECTION DATE Month Day Year 11/05/2024 | |
| | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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 Reform Project PAC | 13 Filer ID (Ethics Commission Filers) 00088700 |
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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 |
| | | 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) | \$ 5,435.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,670.33 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 900.42 |
| 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. Kyle Burke

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 12

| | | |
|--|---|---|
| 17 COMMITTEE NAME Reform Project PAC | | 18 Filer ID (Ethics Commission Filers) 00088700 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,435.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,000.00 |
| 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 | \$ 2,670.33 |
| 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 type="checkbox"/> 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: 1/5 Rpt: 4/12 |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 05/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Taylor <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Taylor Armstrong |
| Date 05/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Archdiocese of Galveston/Houston |
| Date 05/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouzek, Alan <hr/> Contributor address; City; State; Zip Code Houston, TX 77007 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Toast | | Employer (See Instructions) Software Engineer |
| Date 05/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Greg <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Crain Caton & James |
| Date 05/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhingra, Akash <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Constellation Energy |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12 |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 05/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearne, William <hr/> 6 Contributor address; City; State; Zip Code Stafford, TX 77477 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Sales manager | | 9 Employer (See Instructions) Altria |
| Date 05/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Jordan <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Bridgepoint Consulting |
| Date 05/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jhaveri, Parth <hr/> Contributor address; City; State; Zip Code Houston, TX 77057 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Parth Jhaveri |
| Date 05/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jody <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 05/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyrish, Katy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Education | | Employer (See Instructions) Round Rock ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12 |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 05/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Andi <hr/> 6 Contributor address; City; State; Zip Code Redmond, WA 98052 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Project Manager | | 9 Employer (See Instructions) Self |
| Date 05/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. III, Alfred <hr/> Contributor address; City; State; Zip Code Forney, TX 75126 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Fund Accountant | | Employer (See Instructions) MUFG |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matson, Kyle <hr/> Contributor address; City; State; Zip Code Houston, TX 77021 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) WNB |
| Date 05/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Naren <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Graduate Student | | Employer (See Instructions) Duke University School of Medicine |
| Date 05/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Chaz <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Kinder Morgan |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12 |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 05/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mildred <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Healthcare | | 9 Employer (See Instructions) Kelsey-Seybold Clinic |
| Date 05/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBEROI, RICKI <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) restaurateur owner | | Employer (See Instructions) Self |
| Date 05/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Apurva <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Boxinc |
| Date 05/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philly, Alex <hr/> Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 05/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saligram, Rakshith <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Campaign manager | | Employer (See Instructions) Sean Teare for Harris County DA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12 |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 06/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Mal <hr/> 6 Contributor address; City; State; Zip Code Three Rivers, TX 78071 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 05/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadera, Rosch <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Investment Fund |
| Date 05/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Kevin <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) The Law Office of Kevin Y Yang |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/12 | |
| 2 FILER NAME Reform Project PAC | | 3 Filer ID (Ethics Commission Filers) 00088700 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/01/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Victory Communications | 8 Amount of contribution (\$) \$500.00 | 9 In-kind contribution description Graphic Design Consulting |
| | 7 Contributor address; City; State; Zip Code Austin, TX 78705 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 06/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Victory Communications | Amount of contribution (\$) \$500.00 | In-kind contribution description Graphic Design Consulting |
| | Contributor address; City; State; Zip Code Austin, TX 78705 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 06/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Way Strategies, LLC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description General Consulting & Staff Time |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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: 1/3 Rpt: 10/12 | 2 FILER NAME Reform Project PAC | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 05/19/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$63.23 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 | |
| 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 Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2024 | Payee name ActBlue | |
| Amount (\$) \$55.32 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 | |
| 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 Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2024 | Payee name ActBlue | |
| Amount (\$) \$17.20 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 | |
| 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 Fee |
| 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: 2/3 Rpt: 11/12 | 2 FILER NAME Reform Project PAC | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 06/15/2024 | 5 Payee name Blue Victory Communications | |
| 6 Amount (\$) \$618.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 300624 Austin, TX 78705 | |
| 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 Printing Expenses |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2024 | Payee name Blue Victory Communications | |
| Amount (\$) \$1,436.44 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 300624 Austin, TX 78705 | |
| 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 Printing Expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/15/2024 | Payee name Texas Way Strategies | |
| Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1621 e 6th st Austin, TX 78702 | |
| 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 Email Management |
| 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: 3/3 Rpt: 12/12 | 2 FILER NAME Reform Project PAC | 3 Filer ID (Ethics Commission Filers) 00088700 |
| 4 Date 06/30/2024 | 5 Payee name Texas Way Strategies | |
| 6 Amount (\$) \$458.82 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1621 e 6th st Austin, TX 78702 | |
| 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 Peer to Peer Texting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |