FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058340 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Toll-free Highways Date Received **ELECTRONICALLY FILED** 07/11/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 317 Sidney Baker S, Suite 400-308 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78028 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sudie NAME NICKNAME LAST **SUFFIX** Sartor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3530 Eva Jane STREET **ADDRESS** (Residence or Business) San Antonio, TX 78261 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 488-5412 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 05/28/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free H	Highways		00058340	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported DAVID COVEY State Represe	entative	
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	185.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	251.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	3,688.57
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Sudie	Sartor	
		Signature of Car	mpaign Treasure	er
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						1 ago o o: 11
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Highways					00058340	
	COMMITTEE	1. Candidates	A Supported	VEDECA DICHADDOOM Ctoto	Donrocontativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		KERESA RICHARDSON State	Representative	
	(Attach lists on plain 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				
	0014147777	applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates	A. Supported	ANDY HOPPER State Represe	ntative	
		(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain 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			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DAVID LOWE State Representa	ative	
	(Attach lists on plain 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			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 11

IMITTEE NAME ans for Toll-free Hig IMITTEE IVITY ch lists on plain or to complete this rt if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)		KATRINA PIERSON State Repr	13 Filer ID 00058340 esentative	(Ethics Commission Filers)
IMITTEE IVITY ch lists on plain or to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and	B. Opposed	KATRINA PIERSON State Repr		
IVITY ch lists on plain r to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and	B. Opposed	KATRINA PIERSON State Repr	esentative	
r to complete this	(Describe by date and location of election and				
	(Describe by date and location of election and	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
IMITTEE	1. Candidates	A. Supported	ALAN SCHOOLCRAFT State Re	enresentative	
IVITY	(Identify by name or, if applicable, classify by party.)		ALIAN CONCOLORUM POLICIA	spresentative	
ch lists on plain er to complete this rt 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				
	1. Candidates (Identify by name or, if applicable, classify by party.)		SUMMARA KANWAL State Rep	resentative	
r to complete this		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				
	IMITTEE IVITY ch lists on plain or to complete this rt if necessary.)	applicable, classify by party.) IMITTEE IVITY 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	applicable, classify by party.) IMITTEE IVITY Ch lists on plain er to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported Chescribe by date and location of election and nature of issue.) B. Opposed Chescribe by date and location of election and nature of issue.)	implicable, classify by party.) IMITTE IVITY Ch lists on plain er to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported SUMMARA KANWAL State Representation of SUMMAR	applicable, classify by party.) IMITTEE IVITY 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.) A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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				rage 3 01 11
			13 Filer ID	(Ethics Commission Filers)
hways			00058340	
1. Candidates (Identify by name or, if applicable, classify by party.)		LEA SIMMONS State Represer	ntative	
	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.)				
1. Candidates		DR. MARY BONE State Board	Of Education	
(Identify by name or, if applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
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 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.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed	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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported DR. MARY BONE State Board DR. MARY BONE State Board A. Supported DR. MARY BONE State Board B. Opposed A. Supported DR. MARY BONE State Board B. Opposed DR. MARY BONE State Board DR. MARY BONE State Board	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 A. Supported B. Opposed A. Supported DR. MARY BONE State Board Of Education (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported DR. MARY BONE State Board Of Education (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported DR. MARY BONE State Board Of Education (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported DR. MARY BONE State Board Of Education (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders A. Supported DR. MARY BONE State Board Of Education (Identify by name or, if applicable, classify by party.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMIT	TEE NAME or Toll-free Highways	18 Filer ID 00058340	(Ethics Commission Filers)
	LE SUBTOTALS		
NAME OF	SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 185.00
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 CORPORALABOR 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	1	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 251.89
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 7/11	
2	FILER NAME Texans for T	oll-free Highways			3	Filer ID (Ethics Commission 00058340	ı Filers)
4	Date 06/05/2024	5 Full name of contributorBulger, Linda6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	San Antonio, TX 78258	la la		<u></u>		
8	Retired	pation / Job title (See Instructions	9	Employer (See Instructions Retired	5)		
	Date 06/04/2024	Full name of contributor Chambers, Chris Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78261 pation / Job title (See Instructions		Employer (See Instructions	·/		
	Retired	padon / Job tide (See instructions)		Retired	·)		
	Date 06/18/2024	Full name of contributor Falcon Borel , Linda Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78260					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 06/16/2024	Full name of contributor Phelps, Kenneth Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/20/2024	Full name of contributor SIMS, DAVID Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu RETIRED	pation / Job title (See Instructions))	Employer (See Instructions	5)		

The Instruction Guide explains now to complete this form. 2 FILER NAME Texans for Toll-free Highways 4 Date 05/20/2024 5 Full name of contributor out-of-state PAC (ID#: SIMS, DAVID 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	SCHEDULE A1
2 FILER NAME Texans for Toll-free Highways 4 Date 05/20/2024 SIMS, DAVID 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tal pages Schedule A1: h: 2/2 Rpt: 8/11
05/20/2024 SIMS, DAVID 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	er ID (Ethics Commission Filers) 058340
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	nount of Contribution (\$) \$5.00

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in 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: 1/3 Rpt: 9/11	Texans for Toll-free Highways O0058340
4 Date	5 Payee name
06/25/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.30	1340 Poydras Street
— Forest dit us from	Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	DONATION COLLECTIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	COMIDA MEXICANA CASTILLO
Amount (\$)	Payee address; City; State; Zip Code
\$19.83	729 N GRAND AVE
Expenditure from corporate funds	GAINSVILLE, TX 76240
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 MEETINGS WITH TEXAS GOP CHAIRMAN
	ABRAHAM GEORGE
Complete ONLY if direct	Condidate Office helder name Office equality Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2024	CONSTANT CONTAC
Amount (\$)	Payee address; City; State; Zip Code
\$154.57	1601 TRAPELO RD
Expenditure from corporate funds	WALTHAM, MA 02451
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
	WEDOTT ETENNIE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total manage Coloradula 54	
1 Total pages Schedule F1:	
Sch: 2/3 Rpt: 10/11	Texans for Toll-free Highways 00058340
4 Date	5 Payee name
06/18/2024	CORNER BAKERY #0173
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.95	7403 N MACARTHUR BLVD
Ψ10.50	1400 IV WINGS WITHOUT BEVB
Expenditure from	
corporate funds	IRVING, TX 75063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DINNER
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/20/2024	QUIK TRIP GAS
Amount (\$)	Payee address; City; State; Zip Code
\$25.99	12345 SOUTH FWY
Expenditure from	
corporate funds	FORT WORTH, TX 76028
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
	GAS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
06/20/2024	QUIK TRIP GAS
Amount (\$)	Payee address; City; State; Zip Code
\$14.48	12345 SOUTH FWY
Expenditure from corporate funds	FORT WORTH, TX 76028
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	GAS
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	11.

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al 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: 3/3 Rpt: 11/11	Texans for Toll-free Highways 00058340
4 Date	5 Payee name
06/20/2024	SHELL SERVICE STATION
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.77	528 MAIN STREET
Expenditure from corporate funds	Kerrville, TX 78028-5307
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GAS TO TRAVEL TO IRVING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H