GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form	:	Filer ID (Ethics Commission 00081062	n Filers)	2 Total pages filed: 21	
3	COMMITTEE NAME					OFFICE	USE ONLY
	Texas Victory Fund	d 2020 PAC				Date Received	
Ļ						07/14/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; (CI I Y	; STATE;	ZIP CODE		
		1006 Banister Ln., Apt. 1001				Date Hand-delivered	or Date Postmarked
	Change of Address	Austin TX 70704					
		Austin, TX 78704				Receipt #	Amount
						Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				МІ	
	NAME	Mr. Steven					
		NICKNAME LAST Rivas				SUFFIX	
		Trivas					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / S	SUITE #; CITY;	ST	TATE; ZIP CODE
	TREASURER	1006 Banister Ln., Apt. 1001	,,				,
	STREET ADDRESS						
	(Residence or Business)	Austin, TX 78704					
7	CAMPAIGN	STREET OR PO BOX;		APT /	SUITE #; CITY	;; S	STATE; ZIP CODE
	TREASURER MAILING	1006 Banister Ln. Bldg. 10, Apt. 1001					
	ADDRESS						
	Change of Address	Austin, TX 78704					
8	CAMPAIGN	AREA CODE PHONE NUMBER	E	TENSION			
	TREASURER PHONE	(210) 310-4224					
9	REPORT TYPE	January 15	30th	day before election		Dissolution (Atta	ach PAC-DR)
			8th	day before election	Г		ampaign treasurer
		X July 15	Run	off		termination	
10	PERIOD COVERED	Month Day Year 02/25/2024	тнг	ROUGH	Month Day 06/30/202	Year	
		0212312024			00/30/202	4	
11	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	Pri	mary	Runoff	Other	
		11/05/2024	Ge	neral	Special		
			-	L	_		
		I					
		GC	т	D PAGE 2			
Fo	rms provided by Te	xas Ethics Commission www	eth	ics.state.tx.us		Vers	ion V4.1.0.d378aba0

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Victory Fund 202	0 PAC		00081062	
14 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 Magauna	A. Supported		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppored		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	1,243.00
		DGES, LOANS, OR GUARANTEES OF LOANS)		1,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	345.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,120.41
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Stev	en Rivas	
		Signature of Car	npaign Treası	irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tr	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - GPAC		
	C	DVER SHEET PG 3 3 of 21
17 COMMITTEE NAME Texas Victory Fund 2020 PAC	18 Filer ID 00081062	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,243.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	२	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 345.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	IONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ry Fund 2020 PAC		00081062
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/08/2024	ATKINSON-ADAMS, DONALD		\$25.0
	6 Contributor address; City; State; Zip Code		1
	SAN LEANDRO, CA 94577		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
NOT EMPLO	JYED	NOT EMPLOYED	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/08/2024	ATKINSON-ADAMS, DONALD		\$25.0
			4
	SAN LEANDRO, CA 94577		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
NOT EMPLO	JYED	NOT EMPLOYED	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/08/2024	Full name of contributor out-of-state PAC (ID#: ATKINSON-ADAMS, DONALD	/	\$25.0
	Contributor address; City; State; Zip Code SAN LEANDRO, CA 94577		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
NOT EMPLO		NOT EMPLOYED	
Date			Amount of Contribution (\$)
06/08/2024	Full name of contributor out-of-state PAC (ID#: ATKINSON-ADAMS, DONALD	/	\$25.0
00/00/2024			ψ20.0
	Contributor address; City; State; Zip Code SAN LEANDRO, CA 94577		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
NOT EMPLO	OYED	NOT EMPLOYED	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/27/2024	BAILEY, SYLVIA		\$25.0
~	Contributor address; City; State; Zip Code		•
	MCKINNEY, TX 75072		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
NOT EMPLO		NOT EMPLOYED	<i>`</i>)

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/21	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ry Fund 2020 PAC			00081062	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/27/2024		1			\$25.00
		6 Contributor address; City; State; Zip Code		1		
			1			
8	Principal occu	MCKINNEY, TX 75072 upation / Job title (See Instructions)	9 Employer (See Instructions	\sum_{n}		
	NOT EMPLO		NOT EMPLOYED	»J		
	Date	Full name of contributor out-of-state PAC (ID#:_	:)	Γ	Amount of Contribution (\$)	
	04/27/2024	BAILEY, SYLVIA				\$25.00
		Contributor address; City; State; Zip Code	1	1		
			1			
			1			
L		MCKINNEY, TX 75072				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	NOT EMPLO	JYED	NOT EMPLOYED			
Γ	Date		:)	Γ	Amount of Contribution (\$)	
	05/27/2024	BAILEY, SYLVIA				\$25.00
		Contributor address; City; State; Zip Code	1	1		
			!			
			!			
		MCKINNEY, TX 75072				
l		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	NOT EMPLO		NOT EMPLOYED	_		
Γ	Date	Full name of contributor Out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	06/27/2024	BAILEY, SYLVIA				\$25.00
		Contributor address; City; State; Zip Code		1		
			!			
			1			
L		MCKINNEY, TX 75072	!			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	NOT EMPLO	JYED	NOT EMPLOYED			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/17/2024	GARD, JO				\$5.00
		Contributor address; City; State; Zip Code	,	1		
			1			
			1			
L		VALLEY VILLAGE, CA 91607				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	NOT EMPLO	JYED	NOT EMPLOYED			
			·			

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/21
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Victory Fund 2020 PAC	00081062
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code	
VALLEY VILLAGE, CA 91607	
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions)
NOT EMPLOYED	NOT EMPLOYED
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
05/17/2024 GARD, JO	\$5.00
Contributor address; City; State; Zip Code	
VALLEY VILLAGE, CA 91607	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NOT EMPLOYED	NOT EMPLOYED
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/17/2024 GARD, JO	
Contributor address; City; State; Zip Code	
VALLEY VILLAGE, CA 91607	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NOT EMPLOYED	NOT EMPLOYED
) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: 03/16/2024 GOSSE, THOMAS) Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code	
MAGNOLIA, TX 77354	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SALES	SELF
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/16/2024 GOSSE, THOMAS	\$7.00
Contributor address; City; State; Zip Code	
MAGNOLIA, TX 77354	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SALES	SELF

SCHEDULE	A1
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Sch: 4/9 R		
2 FILER NAME				Ethics Commission F	-ilers)
Texas Victor	ry Fund 2020 PAC		00081062		
4 Date 05/16/2024	5 Full name of contributor out-of-state PAC (ID#: GOSSE, THOMAS)	7 Amount of C	Contribution (\$)	\$7.00
					T · · · ·
	6 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	1		
SALES		SELF			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of C	Contribution (\$)	
06/16/2024	GOSSE, THOMAS				\$7.00
	Contributor address; City; State; Zip Code				
	MAGNOLIA, TX 77354	1			
	upation / Job title (See Instructions)	Employer (See Instructions			
SALES		SELF			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of C	Contribution (\$)	
03/02/2024	JACOBS, KATHY				\$10.00
	Contributor address; City; State; Zip Code CHELAN, WA 98816				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
SOFTWARE	EARCHITECT	SABRE INC.			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of (Contribution (\$)	
04/02/2024	JACOBS, KATHY	/		yonanbaalon (+)	\$10.00
04/02/2024	Contributor address; City; State; Zip Code				Ψ10.00
	CHELAN, WA 98816				
	upation / Job title (See Instructions)	Employer (See Instructions)		
SOFTWARE	EARCHITECT	SABRE INC.			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of C	Contribution (\$)	
05/02/2024	JACOBS, KATHY				\$10.00
	Contributor address; City; State; Zip Code				
	CHELAN, WA 98816				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	E ARCHITECT	SABRE INC.			
		<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/21	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Fund 2020 PAC		1 I	00081062	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/02/2024	JACOBS, KATHY				\$10.00
		6 Contributor address; City; State; Zip Code				
		CHELAN, WA 98816				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	SOFTWARE	ARCHITECT	SABRE INC.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2024	OVERBECK, JOHN				\$10.00
		Contributor address; City; State; Zip Code				
		PHILADELPHIA, PA 19119-1528				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2024	OVERBECK, JOHN				\$10.00
		Contributor address; City; State; Zip Code				
		PHILADELPHIA, PA 19119-1528				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2024	OVERBECK, JOHN				\$10.00
		Contributor address; City; State; Zip Code				
	Deinsinglasse	PHILADELPHIA, PA 19119-1528				
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions N/A	S)		
	RETIRED		IN/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2024	OVERBECK, JOHN				\$10.00
		Contributor address; City; State; Zip Code				
⊢	Drinoinal as	PHILADELPHIA, PA 19119-1528	Employer (Cashastruction			
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions N/A	S)		
⊢	RETIRED					
I I						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/21
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Victory Fund 2020 PAC	00081062
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
03/02/2024 PRESSMAN, RICHARD	\$10.00
6 Contributor address; City; State; Zip Code	
SAN ANTONIO, TX 78230	
8 Principal occupation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
TEACHER ST.	MARY'S UNIVERSITY
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
04/02/2024 PRESSMAN, RICHARD Contributor address; City; State; Zip Code	\$10.00
SAN ANTONIO, TX 78230	
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
TEACHER ST.	MARY'S UNIVERSITY
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
05/02/2024 PRESSMAN, RICHARD	\$10.00
Contributor address; City; State; Zip Code	
SAN ANTONIO, TX 78230	
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions) MARY'S UNIVERSITY
Principal occupation / Job title (See Instructions) Emp	MARY'S UNIVERSITY
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor 06/02/2024 PRESSMAN, RICHARD	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00 loyer (See Instructions)
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00 loyer (See Instructions) MARY'S UNIVERSITY) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00 loyer (See Instructions) MARY'S UNIVERSITY) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) TEACHER Emp ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY) Amount of Contribution (\$) \$10.00 loyer (See Instructions) MARY'S UNIVERSITY) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY
Principal occupation / Job title (See Instructions) Emp TEACHER ST. Date Full name of contributor out-of-state PAC (ID#:	MARY'S UNIVERSITY Amount of Contribution (\$) S10.00 Ioyer (See Instructions) Amount of Contribution (\$) S100.00 Ioyer (See Instructions) Ioyer (See Instructions)

SCHEDULE	A1
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The Instruction Guide explains how to complete this form. Sch: 7/9 Rpt: 10/21 2 FILER NAME Texas Victory Fund 2020 PAC 3 Filer ID (Ethics Commission Filers) 00081062				1	Total pages Schodule A1:	
Texas Victory Fund 2020 PAC 00081062 4 Date 5 Full name of contributor out-of-state PAC (Der) 7 Amount of Contribution (S) 04/22/2024 6 Contributor address: City: State: Zip Code 7 Amount of Contribution (S) 6 Ortributor address: City: State: Zip Code 0UTMB 05/22/2024 Full name of contributor out-of-state PAC (Der) 05/22/2024 Full name of contributor out-of-state PAC (Der) 05/22/2024 Full name of contributor out-of-state PAC (Der) 06/22/2024 Full name of contributor out-of-state PAC (Der) 04/22/2024 SAWTELL, CYNTHIA Sto.00 03/27/2024 SAWTELL, CYNTHIA <td>The Instru</td> <td>ction Guide explains how to complete this f</td> <td>orm.</td> <td></td> <td>Total pages Schedule A1: Sch: 7/9 Rpt: 10/21</td> <td></td>	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 7/9 Rpt: 10/21	
4 Date 5 Full name of contributor out-of-state PAC (D#:	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
04/22/2024 ROBINSON, SALLY \$100.00 6 Contributor address; City; State: Zip Code \$100.00 6 Contributor address; City; State: Zip Code \$100.00 7 GALVESTON, TX 77550 9 Employer (See Instructions) 9 Full name of contributor aut-of-state PAC (ID::	Texas Victor	ry Fund 2020 PAC			00081062	
6 Contributor address; City, State; Zip Code GALVESTON, TX 77550 9 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code GALVESTON, TX 77550 9 Employer (See Instructions) 017MB Date GALVESTON, SALLY Contributor address; City; State; Zip Code Amount of Contribution (\$) S100.00 GALVESTON, TX 77550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) UTMB Date Full name of contributor out-of-state PAC (Dot:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) S100.00 GALVESTON, TX 77550 Employer (See Instructions) PHYSICIAN UTMB Amount of Contribution (\$) Date GALVESTON, TX 77550 Employer (See Instructions) PHYSICIAN UTMB S100.00 Of/22/2024 Full name of contributor out-of-state PAC (Dot:	04/22/2024					\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 05/22/2024 ROBINSON, SALLY S100.00 G5/22/2024 ROBINSON, SALLY Amount of Contribution (S) GALVESTON, TX 77550 Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 9 Employer (See Instructions) Employer (See Instructions) S100.00 Principal occupation / Job title (See Instructions) UTMB Amount of Contribution (S) \$50.00 03/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$50.00 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of				1		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 05/22/2024 ROBINSON, SALLY S100.00 G5/22/2024 ROBINSON, SALLY Amount of Contribution (S) GALVESTON, TX 77550 Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 9 Employer (See Instructions) Employer (See Instructions) S100.00 Principal occupation / Job title (See Instructions) UTMB Amount of Contribution (S) \$50.00 03/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$50.00 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 05/22/2024 ROBINSON, SALLY S100.00 G5/22/2024 ROBINSON, SALLY Amount of Contribution (S) GALVESTON, TX 77550 Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 06/22/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 9 Employer (See Instructions) Employer (See Instructions) S100.00 Principal occupation / Job title (See Instructions) UTMB Amount of Contribution (S) \$50.00 03/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$50.00 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of		GALVESTON TX 77550				
PHYSICIAN UTMB Date Full name of contributor out-of-state PAC (ID#:	8 Principal occu		9 Employer (See Instructions	<u> </u>		
05/22/2024 ROBINSON, SALLY \$100.00 Contributor address; City; State; Zip Code				5,		
05/22/2024 ROBINSON, SALLY \$100.00 Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code GALVESTON, TX 77550 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTMB UTMB Date Full name of contributor out-of-state PAC (IDe:	05/22/2024	ROBINSON, SALLY				\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) O6/22/2024 GALVESTON, TX 77550 Employer (See Instructions) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 PHYSICIAN UTMB UTMB Amount of Contribution (\$) Date GALVESTON, TX 77550 Employer (See Instructions) UTMB Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/27/2024 SAWTELL, CYNTHIA \$50.00 Contributor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/22/2024 ROBINSON, SALLY						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/22/2024 ROBINSON, SALLY						
PHYSICIAN UTMB Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) 06/22/2024 ROBINSON, SALLY				Ļ		
Date Full name of contributor out-of-state PAC (ID#:	•	1 ()		s)		
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Contributor address; City; State; Zip Code GALVESTON, TX 77550 Principal occupation / Job title (See Instructions) PHYSICIAN Date 6 7 03/27/2024 SAWTELL, CYNTHIA Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor Job title (See Instructions) Principal occupation / Job title (See Instructions) NOT EMPLOYED Date Full name of contributor 04/27/2024 SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) NOT EMPLOYED Date Guitane of contributor 04/27/2024 SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) NOT EMPLOYED Amount of Contribution (\$) SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) SAN ANSELMO, CA 94960)		Amount of Contribution (\$)	±
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 03/27/2024 SAWTELL, CYNTHIA Amount of Contribution (\$) 03/27/2024 SAN ANSELMO, CA 94960 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00 NOT EMPLOYED NOT EMPLOYED Amount of Contribution (\$) \$50.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00 04/27/2024 SAN ANSELMO, CA 94960 Employer (See Instructions) \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00		Contributor address; City; State; Zip Code				
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PHYSICIAN UTMB Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/27/2024 SAWTELL, CYNTHIA \$50.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) NOT EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) SAWTELL, CYNTHIA	Principal occu		Employer (See Instructions	<u> </u>		
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Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) NOT EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) SAWTELL, CYNTHIA O4/27/2024 SAWTELL, CYNTHIA Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)						\$50.00
SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) NOT EMPLOYED Employer (See Instructions) NOT EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) O4/27/2024 SAWTELL, CYNTHIA Amount of Contribution (\$) Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00				·		
Principal occupation / Job title (See Instructions) Employer (See Instructions) NOT EMPLOYED Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 SAWTELL, CYNTHIA Amount of Contribution (\$) Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 \$mployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) NOT EMPLOYED Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 SAWTELL, CYNTHIA Amount of Contribution (\$) Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 \$mployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)						
NOT EMPLOYED NOT EMPLOYED Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2024 SAWTELL, CYNTHIA \$50.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$50.00 SAN ANSELMO, CA 94960 Employer (See Instructions) Employer (See Instructions)		,	-			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2024 SAWTELL, CYNTHIA \$50.00 Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•	1 ()		s)		
04/27/2024 SAWTELL, CYNTHIA \$50.00 Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) Employer (See Instructions)		JYED	NOT EMPLOYED			
Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) Employer (See Instructions))	T	Amount of Contribution (\$)	
SAN ANSELMO, CA 94960 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/27/2024	SAWTELL, CYNTHIA				\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		SAN ANSELMO. CA 94960				
	Principal occu		Employer (See Instructions	⊥ s)		
				-,		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/21	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Victory Fund 2020 PAC			00081062	5)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/27/202			\$5	50.00
	6 Contributor address; City; State; Zip Code		1	
	SAN ANSELMO, CA 94960			
-	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
NOT EMP	LOYED	NOT EMPLOYED		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/27/202	4 SAWTELL, CYNTHIA		\$	50.00
	Contributor address; City; State; Zip Code		1	
	······································			
	SAN ANSELMO, CA 94960			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions		
NOT EMP		NOT EMPLOYED	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/14/202			\$	50.00
	Contributor address; City; State; Zip Code		1	
	WAXAHACHIE, TX 75167			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	s)	
PHYSICIA	٨N	SELF		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/14/202		/		50.00
04/14/202	·		ψ.	50.00
	Contributor address; City; State; Zip Code			
Drivelar	WAXAHACHIE, TX 75167		<u> </u>	
·	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
PHYSICIA	۰N	SELF		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/14/202	05/14/2024 STOCKMAN, GAIL		\$5	50.00
	Contributor address; City; State; Zip Code		1	
	WAXAHACHIE, TX 75167			
Principal or		Employer (See Instructions	e)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) PHYSICIAN SELF		5)		
FTTT SICI,		JLLF		

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Victory Fund 2020 PAC			00081062
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/14/2024	STOCKMAN, GAIL		\$50.00
	6 Contributor address; City; State; Zip Code	,	
	1		
	WAXAHACHIE, TX 75167	1	<u> </u>
8 Principal occup PHYSICIAN	pation / Job title (See Instructions)	9 Employer (See Instructions SELF	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2024	WINSLOW, DYLAN		\$12.50
	Contributor address; City; State; Zip Code		
	1		
	SALT LAKE CITY, UT 84102-2721		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
LIBRARY AS		SALT LAKE CITY PUBL	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/18/2024	WINSLOW, DYLAN	/	\$12.50
	Contributor address; City; State; Zip Code		4
	1		
	SALT LAKE CITY, UT 84102-2721		
	pation / Job title (See Instructions)	Employer (See Instructions	
LIBRARY AS	SISTANT	SALT LAKE CITY PUBL	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2024	WINSLOW, DYLAN		\$12.50
	Contributor address; City; State; Zip Code	,	1
	1		
Dringingloggy	SALT LAKE CITY, UT 84102-2721		
LIBRARY AS	pation / Job title (See Instructions)	Employer (See Instructions SALT LAKE CITY PUBL	
Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
00/18/2024	WINSLOW, DYLAN		\$12.50
	Contributor address; City; State; Zip Code		
	1		
	SALT LAKE CITY, UT 84102-2721		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	LIBRARY ASSISTANT SALT LAKE CITY PUBL		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/9 Rpt: 13/21	Texas Victory Fund 2020 PAC 00081062			
4 Date	5 Payee name			
06/10/2024	Action Network			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10.00	1900 L Street NW, No. 900			
Expenditure from corporate funds	Washington, DC 20036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Outreach Services.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/09/2024	Action Network			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.00				
Expenditure from corporate funds	Washington, DC 20036			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Outreach Services. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/09/2024	Action Network			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.00	1900 L Street NW, No. 900			
Expenditure from corporate funds	Washington, DC 20036			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Outreach Services. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	è		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	ers)		
Sch: 2/9 Rpt: 14/21	Texas Victory Fund 2020 PAC00081062			
4 Date	5 Payee name			
03/11/2024	Action Network			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10.00	1900 L Street NW, No. 900			
Expenditure from corporate funds	Washington, DC 20036			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Digital Outreach Services.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
06/24/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00				
φ10.00				
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Banking Fee.			
	Banking Fee.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF				
Date	Payee name			
06/10/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Banking Fee.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel of District Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/9 Rpt: 15/21	Texas Victory Fund 2020 PAC 00081062			
4 Date 06/03/2024	5 Payee name Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 111 W Houston St Suite 100			
corporate funds	San Antonio, TX 78205			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/28/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00				
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/20/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/9 Rpt: 16/21	Texas Victory Fund 2020 PAC00081062				
4 Date 05/13/2024	5 Payee name Frost Bank				
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 111 W Houston St Suite 100 State; Zip Code				
Expenditure from corporate funds	San Antonio, TX 78205				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/06/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.00					
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/29/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.00	111 W Houston St Suite 100				
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/9 Rpt: 17/21	Texas Victory Fund 2020 PAC00081062			
4 Date	5 Payee name			
04/22/2024	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Banking Fee.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/15/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	\$15.00 111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/08/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/9 Rpt: 18/21	Texas Victory Fund 2020 PAC00081062				
4 Date 04/01/2024	5 Payee name Frost Bank				
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 111 W Houston St Suite 100				
corporate funds	San Antonio, TX 78205				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
03/25/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.00					
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
03/18/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.00	111 W Houston St Suite 100				
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 7/9 Rpt: 19/21	Texas Victory Fund 2020 PAC 00081062			
4 Date	5 Payee name			
03/11/2024	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Banking Fee.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/04/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	00 111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held				
Date	Payee name			
02/26/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 8/9 Rpt: 20/21	Texas Victory Fund 2020 PAC00081062				
4 Date 06/28/2024	5 Payee name Frost Bank				
6 Amount (\$) \$10.00					
corporate funds	San Antonio, TX 78205				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/31/2024	Frost Bank				
Amount (\$) \$10.00	Payee address; City; State; Zip Code .00 111 W Houston St Suite 100				
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/30/2024	Frost Bank				
Amount (\$) \$10.00	Payee address;City;State; Zip Code111 W Houston St Suite 100				
Expenditure from corporate funds	San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee. 				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Offic Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Print	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 9/9 Rpt: 21/21	Texas Victory Fund 2020 PAC		00081062	
4 Date	5 Payee name			
03/29/2024	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$10.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		ide of Texas. Complete Schedule T. , officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		sought	Office held	
Date	Payee name			
02/29/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip	Code		
\$10.00	111 W Houston St Suite 100			
Expenditure from corporate funds	San Antonio, TX 78205			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		ide of Texas. Complete Schedule T. , officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		sought	Office held	