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) 00088502 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Reasonable Solutions PAC Date Received **ELECTRONICALLY FILED** 07/14/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2028 East Ben White Blvd. Date Hand-delivered or Date Postmarked #240-1318 Change of Address Austin, TX 78741 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Elizabeth NAME NICKNAME LAST **SUFFIX** Markowitz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2028 East Ben White Blvd. STREET **ADDRESS** #240-1318 (Residence or Business) Austin, TX 78741 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2028 East Ben White Blvd. MAILING **ADDRESS** #240-1318 Austin, TX 78741 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (907) 841-2669 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** 03/06/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME				(Ethics Commission Filers)
Texans for Reasonable Solutions PAC			00088502	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Tan Parker State Senator		
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,625.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	38,900.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING 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.		
		Elizabeth	Markowitz	
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

Texans for Reasonable Solutions PAC 00088502						Page 3 01 5
1. Candidates disentify by name or, if applicable, classify by party.) 1. Candidates disentify by name or, if applicable, classify by party.) 2. Measures disentify by name or, if applicable, classify by party.) 3. Officeholders Assisted disentify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY ACTIVITY ACTIVITY ACTIVITY ACTIVITY ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Gestrift by name or, if applicable, classify by party.) A. Supported B. Opposed Sheryl Cole State Representative Committee and location of election and nature of issue.) B. Opposed Sheryl Cole State Representative Committee and location of election and nature		_		_		(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Sheryl Cole State Representative (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed	Texans for Reasonable	Solutions PAC			00088502	
paper to complete this report if necessary.) 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 parry.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported Sheryl Cole State Representative (Identify by name or, if applicable, classify by parry.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed				Nathan Johnson State Senator		
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Sheryl Cole State Representative B. Opposed	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) [Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) B. Opposed B. Opposed		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Sheryl Cole State Representative B. Opposed A. Supported B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if dapplicable, classify by party.)			B. Opposed			
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if		Assisted (Identify by name or, if				
(Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	COMMITTEE			Sheryl Cole State Representativ	/P	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if				Sheryr cole State Representativ	,,,	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if			B. Opposed			
(tigentity by party.) applicable, classify by party.)		Assisted				
		(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 5
17 COMMITT	EE NAME or Reasonable Solutions PAC	18 Filer ID 00088502	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.			\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 10,625.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 5/5	2 FILER NAME Texans for Reasonable Solutions PAC 3 Filer ID (Ethics Commission Filers) 00088502				
4 Date	5 Payee name				
03/14/2024	Nathan Johnson Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$5,000.00	PO Box 670994				
Expenditure from					
corporate funds	Dallas, TX 75367				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Campaign contribution				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experience to benefit eye					
Date	Payee name				
03/06/2024	Sheryl Cole Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$625.00	PO Box 41				
Expenditure from corporate funds	Austin, TX 78767				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaigh contribution				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/Ol	· ·				
Date	Payee name				
03/14/2024	Tan Parker Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	P.O. Box 271741				
Expenditure from corporate funds	Flower Mound, TX 75027				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaign continuation				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI					