GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	2 Total pages filed: 17				
3	COMMITTEE NAME		-	00084123		OFFICE USE ONLY
	Forward Majority A	action Texas				Date Received
						ELECTRONICALLY FILED
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE; ZIP CO	ODE	
	ADDRESS	921 H st NE				Date Hand-delivered or Date Postmarked
		#247				Date Hand-delivered of Date Fostmarked
	Change of Address	Washington, DC 20002				Receipt # Amount
		3				
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Elizabeth				
		NICKNAME LAST				SUFFIX
		Pedraja				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #;	CITY;	STATE; ZIP CODE
	STREET	921 H St. NE #247				
	ADDRESS					
	(Residence or Business)	Washington, DC 20002				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	921 H St. NE #247				
	ADDRESS					
	Change of Address	Washington, DC 20002				
8	CAMPAIGN	AREA CODE PHONE NUMBER	FX	TENSION		
ľ	TREASURER	(908) 432-7335				
	PHONE					
9	REPORT	January 15 X	20th	day before election		Dissolution (Attach PAC-DR)
	TYPE			-		
		July 15	8th d	ay before election		10th day after campaign treasurer termination
			Runo	ff		
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED	-	HR		26/2024	
11	ELECTION	ELECTION DATE		ELECTION T	YPE	
		Month Day Year	Prim	ary Runoff		Other
		11/05/2024	Gen	eral Special		
⊢		I I				
		GO	то	PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.e	ethio	s.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File						(Ethics Commission Filers)
Forward Majority Action Texas					084123	
14 COMMITTEE 1. Candidates A. Supported Jonathan Gracia State Representative ACTIVITY (Identify by name or, if applicable, classify by party.) A. Supported Jonathan Gracia State Representative						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT		THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		JTIONS 5, OR GUARANTEES OF L	OANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED) POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	4,496.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		NS MAINTAINED AS OF T	HE LAST DAY	\$	5,811.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F		LL OUTSTANDING LOANS ERIOD	S AS OF THE	\$	0.00
16 AFFIDAVIT	•				•	
		t	swear, or affirm, under per rue and correct and include Inder Title 15, Election Cod	es all information		
				Elizabeth Ped	raia	
		-	Signat	ure of Campaigr	-	er
·	OT M D / OT M		-			
	STAMP / SEAL ABOVE					day
	Sworn to and subscribed before me, by the said, this the, this the, of, 20, to certify which, witness my hand and seal of office.					
of	, 20, to certify (vnich, withess f	ny nand and sear of onice.			
Signature of officer ad	ministering oath	Printed name o	of officer administering oath	Titl	e of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	ethics.state.tx.us			Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

Page 3 of 17

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Forward Majority Action	n Texas			00084123	
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	Janie Lopez State Representati	ve	
	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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cecilia Castellan State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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	Don McLaughlin State Represe	ntative	
	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.)	<u>' </u>			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 17

12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)				
Forward Majority Action	Texas				00084123	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Laurel Jordan Swift S	itate Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
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	Marc LaHood State R	Representat	ive	
	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.)					
COMMITTEE	1. Candidates		Elizabeth Ginsberg S	tato Ronros	entativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

Page 5 of 17

12 COMMITTEE NAME						(Ethics Commission Filers)
Forward Majority Action		00084123				
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 Morgan Meyer Stat					ative	
	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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Averie Bishop	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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	Angie Chen Bı	itton State Repre	sentative	
	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.)					

SUBTOTALS - GPAC	СС	FORM GPAC OVER SHEET PG 3 6 of 17
17 COMMITTEE NAME Forward Majority Action Texas	18 Filer ID 00084123	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$	
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 4,496.50
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	\$

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: 1/11 Rpt: 7/17	Forward Majority Action Texas 00084123				
4 Date 07/26/2024	5 Payee name Amalgamated Bank				
6 Amount (\$) \$14.00	7 Payee address; City; State; Zip Code 1825 K St NW				
corporate funds	Washington, DC 20006				
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 Bank Fees 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
08/26/2024	Amalgamated Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.00	1825 K St NW				
Expenditure from corporate funds	Washington, DC 20006				
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 Bank Fees 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/26/2024	Amalgamated Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.00	1825 K St NW				
Expenditure from corporate funds	Washington, DC 20006				
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 Bank Fees 				
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		nmittee	Gift/Award Legal Ser	erage Expense ds/Memorials Expense	Office Polling Printir Salari	Over g Exp ng Ex es/W	pense ages/Contract Labor		Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/11 Rpt: 8/17		Forward Ma	ajority A	ction Texas					00084123	
4	Date	5	Payee name								
	09/03/2024		Creative Cir	rcle							
6	Amount (\$)	7	Payee addre	ss; (City; S	State; Zip	Cod	le			
	\$2,895.00		PO Box 740	008799							
	Expenditure from corporate funds		Chicago, IL	60674							
8	PURPOSE OF	(a)	Category (Se	ee Categor	ies listed at the top of th	nis schedule)		(b) Description			
	EXPENDITURE		Media							ide of Texas. Cor , officeholder livin	nplete Schedule T.
								Media Produ			
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name	Office s	souç	Jht		Office h	neld
	expenditure to benefit C/OI	4 0	Ginsberg, Eli	zabeth		State I	Rep	resentative Distr	ict	108	
	Date		Payee name								
			(see previou	us)							
	Amount (\$)		Payee addre	ss; (City; S	State; Zip	Co	le			
	Expenditure from corporate funds										
	PURPOSE OF EXPENDITURE	(a)	Category (Se	ee Categor	ies listed at the top of th	nis schedule)				ide of Texas. Cor , officeholder livin	nplete Schedule T. Ig expense
								-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi /leyer, Morg		r name	Office s		iht iresentative Disti	rict	Office h	neld
	-					State	κeμ			100	
	Date		Payee name (see previou	us)							
	Amount (\$)		Payee addre	ss; (City; S	State; Zip	Cod	le			
	Expenditure from corporate funds										
	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the top of th	nis schedule)		(b) Description			
	OF EXPENDITURE										nplete Schedule T.
	-								ı, ГХ,	, officeholder livin	ig expense
	Complete ONLY if direct		Candidate/Offi	ceholde	r name	Office s	souc	Iht		Office h	neld
	expenditure to benefit C/OF		Bishop, Aver					resentative Distr	ict		

		EXPENDITURE	CATEGOR	IES FOF	8 BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 3/11 Rpt: 9/17	Forward M	ajority Action Texa	as				00084123	
4 Date	5 Payee name (see previo							
6 Amount (\$)	7 Payee addro	ess; City;	State;	Zip Co	de			
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this sche	edule)			e of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name n, Angie		ffice sou tate Rej	ght presentative Distr	ict 1	Office he	ld
Date	Payee name	9						
	(see previo	ous)						
Amount (\$)	Payee addro	ess; City;	State;	Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this sche	edule)			e of Texas. Comp officeholder living	
Complete ONLY if direct		ficeholder name	0	ffice sou	ght		Office he	ld
expenditure to benefit C/O	^H Jordan Swif	t, Laurel	S	tate Rej	presentative Distr	ict 1	.21	
Date	Payee name (see previo							
Amount (\$)	Payee addro	ess; City;	State;	Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this sche	edule)			e of Texas. Comj officeholder living	
Complete ONLY if direct		ficeholder name		ffice sou	-		Office he	ld
expenditure to benefit C/O	^H LaHood, Ma	arc	S	tate Re	presentative Distr	ict 1	.21	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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: 4/11 Rpt: 10/17	Forward Majority Action Texas		00084123			
4 Date	5 Payee name	•				
	(see previous)					
6 Amount (\$)	7 Payee address; City; State	e; Zip Code				
corporate funds						
8 PURPOSE OF EXPENDITURE	F Check if travel outside of Texas. Complete Schedule T.					
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/OI	^H Gracia, Jonathan	State Representative District	37			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State	e; Zip Code				
Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	i la	Office sought State Representative District	Office held 37			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State	e; Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/OI	⁺ Castellano, Cecilia	State Representative District	80			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Priu	an Repayment/Reimbursement Solicitation/Fundraising Expense ce Overhead/Rental Expense Transportation Equipment & Related Expense ling Expense Travel in District nting Expense Travel Out of District aries/Wages/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 5/11 Rpt: 11/17	Forward Majority Action Texas	00084123				
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$)	7 Payee address; City; State; Zi	p Code				
corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held				
expenditure to benefit C/OI	^H McLaughlin, Don State	e Representative District 80				
Date	Payee name					
09/16/2024	Creative Circle					
Amount (\$)	Payee address; City; State; Zi	n Code				
\$1,349.50	PO Box 74008799					
Expenditure from corporate funds	Chicago, IL 60674					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Media	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Production				
Complete ONLY if direct		e sought Office held				
expenditure to benefit C/OI	^H Gracia, Jonathan State	e Representative District 37				
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zi	p Code				
Corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct		e sought Office held				
expenditure to benefit C/OI	¹ Lopez, Janie State	e Representative District 37				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Intract Labor OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 6/11 Rpt: 12/17	Forward Majority Action Texas	00084123						
4 Date	5 Payee name (see previous)							
6 Amount (\$)								
corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Castellano, Cecilia State Represer	Office held ntative District 80						
Date	Payee name							
	(see previous)							
Amount (\$)	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought McLaughlin, Don State Represer	Office held ntative District 80						
Date	Payee name (see previous)							
Amount (\$)	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	¹ Ginsberg, Elizabeth State Represer	ntative District 108						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 7/11 Rpt: 13/17	Forward Majority Action Texas	00084123			
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
corporate funds					
8 PURPOSE OF EXPENDITURE		tion (if travel outside of Texas. Complete Schedule T. (if Austin, TX, officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Meyer, Morgan State Representative District 108					
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bishop, Averie State Representative	Office held e District 112			
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ¹ Chen Button, Angie State Representative	Office held e District 112			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/11 Rpt: 14/17	Forward Majority Action Texas 00084123			
4 Date	5 Payee name			
	(see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	H Jordan Swift, Laurel State Representative District 121			
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH LaHood, Marc State Representative District 121				
Date	Payee name			
09/17/2024	SunSpots Productions, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$210.00	PO Box 2410			
Expenditure from corporate funds	Fairview, NC 28730			
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 Media Production 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH Gracia, Jonathan State Representative District 37				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ense Transportation Equipment & Related Expense Travel in District Travel Out of District Dor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/11 Rpt: 15/17	Forward Majority Action Texas	00084123		
4 Date	5 Payee name	I		
	(see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE		ON f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Castellano, Cecilia State Representative District 80				
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		ON f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lopez, Janie State Representative District 37				
Date	Payee name			
	(see previous)			
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		ON f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH McLaughlin, Don State Representative District 80				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
		The Instruction Guid	e explains h	ow to cor	nplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 10/11 Rpt: 16/17	Forward M	ajority Action Texa	S				00084123	
4 Date	5 Payee name (see previo							
6 Amount (\$)	7 Payee addre	ess; City;	State;	Zip Co	le			
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t	top of this schec	dule)			de of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name lizabeth		fice souc	_{lht} resentative Distr	ict 2	Office he	eld
Date	Payee name (see previo							
Amount (\$)	Payee addre	ess; City;	State;	Zip Co	le			
Corporate funds PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t	op of this schec	dule)			de of Texas. Com; officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name gan		fice sou ate Rep	_{lht} resentative Distr	ict 2	Office he	eld
Date	Payee name (see previo							
Amount (\$)	Payee addre	ess; City;	State;	Zip Co	le			
Corporate funds PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t	top of this schec	dule)			de of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name rie		fice sou ate Rep	iht resentative Distr	ict 2	Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	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	:	B Filer ID (Ethics Commission Filers)	
Sch: 11/11 Rpt: 17/17	Forward Majority Action Texas		00084123	
4 Date	5 Payee name (see previous)	·		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel ou	itside of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Chen Button, Angie	Office sought State Representative Distric	Office held tt 112	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel ou	itside of Texas. Complete Schedule T. IX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H LaHood, Marc	Office sought State Representative Distric	Office held t 121	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; S	tate; Zip Code		
corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel ou	itside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OH Jordan Swift, Laurel State Representative District 121				