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) 106 00063767 3 COMMITTEE NAME **OFFICE USE ONLY** Houston Region Business Coalition Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4500 Bissonnet St. Date Hand-delivered or Date Postmarked Suite 370 Change of Address Bellaire, TX 77401 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard L. NAME NICKNAME LAST **SUFFIX** Rothfelder STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3739 Jardin STREET **ADDRESS** (Residence or Business) Houston, TX 70005 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3739 Jardin MAILING **ADDRESS** Houston, TX 70005 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 220-2288 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/26/2024 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

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) | |
|---|---|--|--------------|----------------------------|--|
| Houston Region Busine | ess Coalition | | 0006376 | 7 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Ted Cruz U.S. 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 | | | |
| | 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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | |
| | 2. TOTAL POLITICAL (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 163,993.34 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 276,788.34 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 65,489.04 | |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 | |
| 16 AFFIDAVIT | • | | <u> </u> | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | | |
| | | Mr. Richard | L. Rothfeld | er | |
| | | Signature of Car | mpaign Treas | surer | |
| 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 of | ficer administering oath | |
| organitie of officer di | animistering battl | Thinked hame of officer administrating call | TILLE OF OF | moer administering valit | |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE | 1. Candidates | A Supported | Dan Cranchaw II S. Danracar | tativo District 2 | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Dan Crenshaw U.S. Represer | itative, District 2 | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable classify by name). | | | | |
| _ | COMMITTEE | applicable, classify by party.) | <u> </u> | Maria I wall 11 C D | and a product | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Morgan Luttrell U.S. Represer | ntative, District 8 | |
| | (Attack lists on plain | applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and | A. Supported | | | |
| | | location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Troy E. Nehls U.S. Represent | ative, District 22 | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
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| | | 13 Filer ID (Ethics Commission Filers) |
| lition | | 00063767 |
| ndidates by name or, if e, classify by party.) | d Brian Babin U.S. Representativo | e, District 36 |
| B. Opposed | | |
| A. Supported by date and felection and issue.) | 1 | |
| B. Opposed | | |
| ceholders isted by name or, if e, classify by party.) | | |
| ndidates A. Supported by name or, if e, classify by party.) | Wesley P. Hunt U.S. Represent | ative, District 38 |
| B. Opposed | | |
| A. Supported A. Supported by date and of election and issue.) | I . | |
| B. Opposed | | |
| ceholders isted by name or, if e, classify by party.) | | |
| A. Supported by name or, if e, classify by party.) | Christi Craddick Railroad Comn | nissioner |
| B. Opposed | | |
| A. Supported by date and of election and issue.) | t | |
| B. Opposed | | |
| ceholders isted oy name or, if e, classify by party.) | | |
| ce | B. Opposed holders eed name or, if | bolders ed hame or, if |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE | 1. Candidates | A Supported | Jimmy Blacklock Supreme Cour | t luctico | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Jilliny Blacklock Supreme Coul | t Justice | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if | | | | |
| | COMMITTEE | applicable, classify by party.) | | Jaha Bardari O | -4: | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | John Devine Supreme Court Just | stice | |
| | (Attack lists on plain | applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and | A. Supported | | | |
| | | nature of issue.) | B. Opposed | | | |
| | | | | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jane Bland Supreme Court Just | tice | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
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|--|---|--------------|----------------------------|----------|---------------------------------------|-------------|------------------|
| OMMITTEE NAME | | | | | 13 Filer ID | (Ethics Con | nmission Filers) |
| louston Region Business (| Coalition | | | | 00063767 | | |
| OMMITTEE 1. | | A. Supported | David J. Schenck Court of | f Crimii | nal Appeals, F | residing J | udge |
| Attach lists on plain aper to complete this eport if necessary.) | | B. Opposed | | | | | |
| (Des loca | Measures scribe by date and ation of election and ure of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| (Ide | Officeholders Assisted entify by name or, if licable, classify by party.) | | | | | | |
| OMMITTEE 1. | Candidates | A. Supported | Gina Parker Court Of Crim | ninal A | ppeals, Judae | | |
| CTIVITY (Ider appl | entify by name or, if dicable, classify by party.) | | | | , , , , , , , , , , , , , , , , , , , | | |
| Attach lists on plain aper to complete this eport if necessary.) | | B. Opposed | | | | | |
| (Des loca | Measures scribe by date and ation of election and ure of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| (Ide | Officeholders Assisted entify by name or, if dicable, classify by party.) | | | | | | |
| OMMITTEE 1. | | A. Supported | Lee Finley Court Of Crimin | nal App | peals, Judge | | |
| Attach lists on plain aper to complete this eport if necessary.) | | B. Opposed | | | | | |
| (Des loca | Measures scribe by date and ation of election and ure of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| (Ide | Officeholders Assisted entify by name or, if licable, classify by party.) | | | | | | |
| 3. | Officeholders Assisted entify by name or, if | B. Opposed | | | | | |

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|----|---|---|--------------|--------------------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Carol Alvarado State Senator | | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Paul Bettencourt State Senator | | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Joan Huffman State Senator | | |
| | (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.) | | | | |
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|----|---|--|--------------|--------------------------------|--------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| 14 | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | E. Sam Harless State Represen | I Itative | |
| | (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 | 1. Candidates | A. Supported | Charles Cunnginham State Rep | resentative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | 3 | | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Briscoe Cain State Representat | ive | |
| | (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.) | | | | |
| | | applicable, classily by party.) | | | | |

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|----|---|--|--------------|----------------|------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | | 00063767 | |
| 14 | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Dennis Paul St | ate Representati | I ve | |
| | (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 | 1. Candidates | A. Supported | Tom Oliverson | State Represent | ative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Tom Onversor | otate represent | alive | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mike Schofield | State Represent | 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.) | | | | | |
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| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--------------|---------------------------------|-------------|----------------------------|
| Houston Region Busine | ss Coalition | | | 00063767 | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mano DeAyala State Represent | 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 | 1. Candidates | A. Supported | Lacey Hull State Representative |) | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (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 | | | |
| | Officeholders Assisted (Identify by name or, if | | | | |
| | applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Armando Walle State Represen | tative | |
| (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.) | | | | |
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|----|---|--|--------------|-------------------------------|----------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| 14 | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Valoree Swanson State 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 | 1. Candidates | A. Supported | Jennifer Caughey Court Of App | peals. Justice | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Andrew Johnson Court Of App | eals, Justice | |
| | (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.) | | | | |
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| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|---------------------------------|---------------|----------------------------|
| Houston Region Busine | | _ | | 00063767 | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Clint Morgan Court Of Appeals, | Justice | |
| (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 | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Kristin M. Guiney Court Of Appe | eals, Justice | |
| (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 | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Susanna Dokupil Court Of Appe | eals, Justice | |
| (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.) | | | | |
| | applicable, classify by party.) | | | | |

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| | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---|--------------|---------------------------------|------------------|----------------------------|
| _ | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Chad Bridges Court Of Appeals | , Justice | |
| | (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 | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Tonya McLaughlin Court Of App | oeals, Justice | |
| | (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 | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Maritza Michele Antu Court Of A | Appeals, Justice | |
| | (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 | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | Officeholders Assisted (Identify by name or, if | | | | |

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| 14 CON ACT (Atta | uston Region Busine MMITTEE TIVITY | 1. Candidates (Identify by name or, if | A. Supported | | 00063767 |
|------------------------|--|--|--------------|-----------------------------------|-----------|
| ACT (Atta pap | TIVITY | | A. Supported | | |
| pap | and the same and also | applicable, classify by party.) | | Katy Boatman Court Of Appeals | , Justice |
| | ach lists on plain per to complete this ort 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.) | | | |
| | MMITTEE TIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Brad Hart Court Of Appeals, Jus | tice |
| pap | ach lists on plain per to complete this ort 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.) | | | |
| | MMITTEE TIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Nile Bailey Copeland District Jud | dge |
| pap | ach lists on plain per to complete this ort 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.) | | | |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE | 1. Candidates | A Supported | Loo Kathaya Shughart District I | l dae | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Lee Kathryn Shuchart District Ju | uuge | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if | | | | |
| | COMMITTEE | applicable, classify by party.) | | 0 | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Sonya L. Aston District Judge | | |
| | | applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Will Archer District Judge | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | | |

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| | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|----|--|--|--------------|---------------------------------|-------------|----------------------------|
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| 14 | COMMITTEE | 1. Candidates | A. Supported | Michael Landrum District Judge | | |
| | ACTIVITY | (Identify by name or, if | | _ | | |
| | | applicable, classify by party.) | | | | |
| | (Attach lists on plain | | B. Opposed | | | |
| | paper to complete this report if necessary.) | | | | | |
| | report if fiecessary.) | | | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and | | | | |
| | | location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | | | | | |
| | | | | | | |
| | | 3. Officeholders | | | | |
| | | Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE | Candidates | | Aaron Gabriel Adams District Ju | ıdae | |
| | ACTIVITY | (Identify by name or, if | A. Supported | Adion Gabilei Adams District 30 | luge | |
| | | applicable, classify by party.) | | | | |
| | (Attach lists on plain | | B. Opposed | | | |
| | paper to complete this | | J. Oppood | | | |
| | report if necessary.) | | | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and | 7 Gapportou | | | |
| | | location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | | | | | |
| | | | | | | |
| | | 3. Officeholders | | | | |
| | | Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE | l | | Prusa Pain Diatriat Judga | | |
| | COMMITTEE ACTIVITY | 1. Candidates | | Bruce Bain District Judge | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain | | B. Opposed | | | |
| | paper to complete this | | В. Оррозси | | | |
| | report if necessary.) | | | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and | 7 Gapportou | | | |
| | | location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | | | | | |
| | | | | | | |
| | | 3. Officeholders | | | | |
| | | Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | | applicable, classily by party.) | | | | |
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| | | | | | | 1 ago 11 01 100 |
|----|---|---|--------------|-----------------------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE | 1. Candidates | A Supported | Emily Munoz Detoto District Jud | lao | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Entity Munoz Detoto District 300 | ige | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if | | | | |
| | OOMMITTEE | applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Nathan J. Milliron District Judge | | |
| | | applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and | A. Supported | | | |
| | | nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Brian Staley District Judge | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | | |

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| | | | | | | 1 age 10 01 100 |
|----|---|---|--------------|-------------------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE | 1. Candidates | A Supported | Michala Onakan Diatrict Indea | <u> </u> | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Michele Oncken District Judge | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if | | | | |
| | COMMITTEE | applicable, classify by party.) | | A B 51.11.5.1 | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Aaron Burdette District Judge | | |
| | | applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Lori DeAngelo District Judge | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures | A. Supported | | | |
| | | (Describe by date and location of election and nature of issue.) | | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | | |

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| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|----|---|---|--------------|-------------|---------------------|-------------|----------------------------|
| | Houston Region Busine | ss Coalition | | | | 00063767 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Matthew Pen | eguy District Judge | 2 | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Dan Lemkuil | District Judge | | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Dan Simons | District Attorney | | |
| | (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.) | | | | | |
| | | aμμιιcaule, classify by party.) | <u> </u> | | | | |

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| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|---|--|--|--|
| | | | | La Filei ID (Luiics Commission Fileis) |
| Houston Region Busine | ss Coalition | | | 00063767 |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Linda Garcia Judge, County | Criminal Court No. 16 |
| (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Ray Black Jr Judge, County | Probate Court No. 5 |
| (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Jacqueline Lucci Smith Cou | nty Attorney |
| (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.) | | | |
| | ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this paper to complete | ACTIVITY (Attach lists on plain caper 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 caper 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.) 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.) 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | 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 eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this eport 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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) 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 3. Officeholders Assisted A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported (Describe by date and location of election and nature of issue.) B. Opposed | ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and beaton of election and nature of fesue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Identity by name or, if applicable, classify by party.) ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed COMMITTEE (Identity by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Describe by date and location of election and nature of issue.) B. Opposed B. Opposed |

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| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|----|---|---|--------------|--------------|-------------------|----------------|----------------------------|
| | Houston Region Busine | ss Coalition | | | | 00063767 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mike Knox Sh | eriff | | |
| | (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 | | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Steve Radack | County Tax Asse | ssor-Collector | |
| | (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 | | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Tom Ramsey | County Commission | oner, Precinct | 3 |
| | (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 | | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |

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| | | | | | | <u> </u> |
|---|---|--------------|-------------------|-------------------|--------------------------|-------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID (Ethics C | ommission Filers) |
| Houston Region Busine | ess Coalition | | | | 00063767 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Eric William Cart | er Justice of th | e Peace, Precinct 1, Pla | ace 1 |
| (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 | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jo Ann Delgado | Justice of the F | Peace, Precinct 2, Place | : 1 |
| (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Joe Stephens Ju | ustice of the Pea | ace, Precinct 3, Place 1 | |
| (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.) | | | | | |
| | Assisted (Identify by name or, if | | | | | |

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| 12 (| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|------|---|---|--------------|-------------------------------------|--|
| | louston Region Busine | ss Coalition | | | 00063767 |
| 14 (| COMMITTEE | Candidates (Identify by name or, if applicable, classify by party.) | | Lincoln Goodwin Justice of the F | Peace, Precinct 4, Place 1 |
| р | Attach lists on plain paper to complete this eport if necessary.) | | B. Opposed | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Israel Garcia Justice of the Peac | ce, Precinct 5, Place 1 |
| р | Attach lists on plain paper to complete this eport if necessary.) | | B. Opposed | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE | Candidates (Identify by name or, if applicable, classify by party.) | | Victor Trevino III Justice of the F | Peace, Precinct 6, Place 1 |
| þ | Attach lists on plain paper to complete this eport 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.) | | | |

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| COMMITTEE NAME | | | | |
|---|---|---|---|---|
| COMMITTEL NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| Houston Region Busine | ss Coalition | | | 00063767 |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Wanda Adams Justice of the Pe | ace, Precinct 7, Place 1 |
| (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.) | | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Holly Williamson Justice of the F | Peace, Precinct 8, Place 1 |
| (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Mark Herman Constable, Precin | ct 4 |
| (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 | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) 3. Officeholders 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 (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) | Activity Actach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) | 1. Candidates (dentity by name or, if applicable, classify by party.) |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|----|---|---|--------------|-----------------------------------|----------------|----------------------------|
| | Houston Region Busine | ss Coalition | | | 00063767 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Terry Allbritton Constable, Preci | nct 5 | |
| | (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 | Candidates (Identify by name or, if applicable, classify by party.) | | Phil Sandlin Constable, Precinct | t 8 | |
| | (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 | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | 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. Measures (Describe by date and location of election and nature of issue.) | A. Supported | Ballot ID:Prop A Election Date:20 | 024-11-05 Desc | ::null |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | | l | | | |

GENERAL-PURPOSE COMMITTEE REPORT:

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| PURPUSE | | | | | | | | | | | | Page | e 26 of : | 106 |
|---|---|--------------|----|---------|-------|--------|----------|--------|------------|--------|--------|--------|------------|-------|
| 2 COMMITTEE NAME | | | | | | | | | 13 Filer I | D | (Ethi | s Comn | nission Fi | lers) |
| Houston Region Busin | ess Coalition | | | | | | | | 0006 | 3767 | | | | |
| 4 COMMITTEE ACTIVITY | 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 | | | | | | | | | | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | Ba | llot ID | :Prop | B Elec | ction Da | ate:20 | 24-11-0 | 5 Desc | c:null | | | |
| | | B. Opposed | | | | | | | | | | | | |
| | Officeholders Assisted | | | | | | | | | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | | | | | | | | | |
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SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 27 of 106 |
|--------------|---------|--|--------------|----------------|--------------------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics (| Commission Filers) |
| Но | uston F | Region Business Coalition | 00063767 | | |
| 19 SC | HEDULI | SUBTOTALS | | | |
| l | | SCHEDULE | | SU | BTOTAL AMOUNT |
| | | | | - | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 131,703.34 |
| | | | | _ | , |
| ١ , | | COLIED HE AS: MON MONETARY (IN VIND) DOLLTICAL CONTRIBUTIONS | | | |
| 2. | Ш | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| | | | | | |
| 3. | X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 50,000.00 |
| | | | | - | |
| 4. | П | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO | R | \$ | |
| | | ORGANIZATION | | ļ * | |
| | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | TION OR | l | |
| 5. | Ш | LABOR ORGANIZATION | | \$ | |
| | | | | | |
| 6. | X | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG. | ANIZATION | \$ | 32,290.00 |
| | | | | <u> </u> | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR | | _ | |
| l '· | Ш | ORGANIZATION | | \$ | |
| | | | | | |
| 8. | Ш | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| DRGANIZATION | \$ | |
| | | | | - | |
| 9. | П | SCHEDULE E: LOANS | | \$ | |
| " | Ш | | | * | |
| | | | _ | l | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 276,788.34 |
| | | | | | |
| 11. | П | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| | | | | | |
| 12. | П | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONIC | \$ | |
| 12. | Ш | SCHEDULE 13. 1 GROTIAGE OF INVESTMENTS FROM TOLITICAL CONTRIBUTA | 5113 |) 3 | |
| | | | | | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| | | | | | |
| 14. | П | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | | | | | |
| 4.5 | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I | RETURNED | _ | |
| 15. | Ш | TO FILER | | \$ | |
| | | | | <u> </u> | |
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| | MONET | ARY POLITICAL CON | | SCHEDULE A1 | | | |
|---|----------------------------------|--|----------------------|--|----|---|------------|
| | The Instru | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 1/13 Rpt: 28/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | on Filers) |
| 4 | Date 09/24/2024 | 5 Full name of contributor out Allen, Joe B.6 Contributor address; City; State; Zig | | | 7 | Amount of Contribution (\$) | \$65.00 |
| 8 | Principal occu | Houston, TX 77027 pation / Job title (See Instructions) | la l | Employer (See Instructions | .) | | |
| ٥ | Retired | pation / 300 title (See Instructions) | ľ | Retired | ') | | |
| | Date 09/23/2024 | Full name of contributor out Arthur, Keller Contributor address; City; State; Zig | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 |
| | | Houston, TX 77027 | | | | | |
| | Brokerage A | pation / Job title (See Instructions) ssociate | | Employer (See Instructions Rockspring | 5) | | |
| | Date 10/14/2024 | Full name of contributor out Atkinson, Alan Contributor address; City; State; Zig | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 |
| | | Houston, TX 77057 | | | | | |
| | Principal occu Managing Di | pation / Job title (See Instructions) rector | | Employer (See Instructions Bayou Vista LLC |) | | |
| | Date 09/10/2024 | Full name of contributor out Bhimani, Abe Contributor address; City; State; Zip Houston, TX 77094 | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Partner | pation / Job title (See Instructions) | | Employer (See Instructions Mosaic Residential, Inc. | () | | |
| | Date 10/14/2024 | Full name of contributor out Biar, Andrew Contributor address; City; State; Zip Houston, TX 77024 | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 |
| | Principal occu Public Affairs | pation / Job title (See Instructions) | | Employer (See Instructions Strategic Public Affairs | () | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRI | S | | SCHEDULE A1 | | |
|---|--------------------------------|---|---------------|---|----------------|---|------------|
| | The Instruc | ction Guide explains how to comple | ete this forn | n. | 1 | Total pages Schedule A1: Sch: 2/13 Rpt: 29/106 | |
| 2 | FILER NAME Houston Reg | jion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | on Filers) |
| 4 | Date 09/05/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$65.00 |
| 8 | | Houston, TX 77056 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) 5) | | |
| | Date 09/13/2024 | Full name of contributor out-of-state | | Strategic Public Affairs | | Amount of Contribution (\$) | \$65.00 |
| | Principal occu Market Direc | pation / Job title (See Instructions) tor | | Employer (See Instructions Hillwood | 5) | | |
| | Date 07/19/2024 | Brisch, Michael Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Houston, TX 77030 pation / Job title (See Instructions) P and General Counsel | | Employer (See Instructions Perry Homes | <u> </u> 5) | | |
| | Date 08/27/2024 | Brock, Catherine | | | | Amount of Contribution (\$) | \$395.00 |
| | Principal occu Executive Di | pation / Job title (See Instructions) rector | | Employer (See Instructions Bible Study Media | 5) | | |
| | Date 07/02/2024 | Full name of contributor out-of-state Bumpus, Marshall Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Principal | pation / Job title (See Instructions) | | Employer (See Instructions Wellspring Commercial | | al Estate | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBU | IS | | SCHEDULE A1 | | |
|---|--------------------------------|--|----------|--|----------------|---|-----------|
| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 3/13 Rpt: 30/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | n Filers) |
| 4 | Date 08/08/2024 | Full name of contributor out-of-state PAGE Burke, Marcella Contributor address; City; State; Zip Code | , |) | 7 | Amount of Contribution (\$) | \$395.00 |
| 8 | Principal occu Managing Pa | Houston, TX 77002 pation / Job title (See Instructions) artner | 9 | Employer (See Instructions Burke Law Group | <u> </u> s) | | |
| | Date 08/15/2024 | Full name of contributor out-of-state PAG | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Managing Pa | pation / Job title (See Instructions) artner | | Employer (See Instructions Burke Law Group | 5) | | |
| | Date 09/18/2024 | Full name of contributor out-of-state PAG Carson, Scott Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$65.00 |
| | Dringing! goog | Houston, TX 77002 | | Employer (Coo Instructions | <u></u> | | |
| | | pation / Job title (See Instructions) Sales Representative | | Employer (See Instructions First American Title Insu | | nce Co | |
| | Date 07/08/2024 | Full name of contributor out-of-state PAG Casey, Kristal Contributor address; City; State; Zip Code Houston, TX 77007 | | | • | Amount of Contribution (\$) | \$416.67 |
| | Principal occu Principal CE | pation / Job title (See Instructions) | | Employer (See Instructions C3 Building Solutions | <u>l</u> 5) | | |
| | Date 09/17/2024 | Full name of contributor out-of-state PAG Casey, Kristal Contributor address; City; State; Zip Code Houston, TX 77007 | |) | | Amount of Contribution (\$) | \$416.67 |
| | Principal occu Principal CE | pation / Job title (See Instructions) O | | Employer (See Instructions C3 Building Solutions | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL (| | SCHEDULE A1 | | | | |
|---|---------------------------|---|-------------------------|-------------|---|-----------|---|-----------|
| | The Instruc | ction Guide explains how | to complete this f | orr | n. | 1 | Total pages Schedule A1: Sch: 4/13 Rpt: 31/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | | 3 | Filer ID (Ethics Commission 00063767 | n Filers) |
| 4 | Date 08/13/2024 | 5 Full name of contributor Castleman, Scott | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | Dringing! agg. | Washington, TX 20005 | | _ | Employer (See Instructions | <u></u> | | |
| ð | | pation / Job title (See Instructions ce President | 5) | 9 | Employer (See Instructions LSG | 5) | | |
| | Date 09/30/2024 | Full name of contributor City of Morgan's Point Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$395.00 |
| | Dringing! goog | Morgan's Point, TX 77571 pation / Job title (See Instructions | | | Employer (See Instructions | <u>''</u> | | |
| | Fillicipal occu | pation / Job title (See Instructions | 5) | | Employer (See instructions | ·) | | |
| | Date 09/06/2024 | Full name of contributor DeAyala, E.F. Mano Contributor address; City; S | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$65.00 |
| | | Houston, TX 77024 | | | | | | |
| | Principal occu Partner | pation / Job title (See Instructions | s) | | Employer (See Instructions Buck Keenan | 5) | | |
| | Date 08/13/2024 | Full name of contributor Diamond, Cheryl Contributor address; City; S Houston, TX 77046 | | | | | Amount of Contribution (\$) | \$200.00 |
| | • | pation / Job title (See Instructions evelopment Executive | ;) | | Employer (See Instructions Corgan | 5) | | |
| | Date 09/24/2024 | Full name of contributor Dokupil, Susanna Contributor address; City; S Houston, TX 77401 | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$65.00 |
| | | pation / Job title (See Instructionsnsel, Special Litigation Divisio | | | Employer (See Instructions Texas Attorney General | | Office | |
| | Special Coul | | | | . Sac Automory General | | | |

| | MONET | ARY POLITICAL CO | S | | SCHEDULE A1 | | |
|---|---------------------------------|--|------------------------|---|-------------|---|-----------|
| | The Instruc | ction Guide explains how to | complete this forn | n. | 1 | Total pages Schedule A1: Sch: 5/13 Rpt: 32/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | n Filers) |
| 4 | Date 09/26/2024 | Edmonds, Todd | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$195.00 |
| 8 | Principal occur | Spring, TX 77379 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| Ŭ | Owner | pation 7 oob title (oce mandetions) | | Todd Edmonds & Comp | | У | |
| | Date 08/16/2024 | Full name of contributor Franklin, Elizabeth Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Deinainal assu | Houston, TX 77024 | | Franks var (Caa kastu atiana | | | |
| | Best Efforts | pation / Job title (See Instructions) | | Employer (See Instructions Best Efforts |) | | |
| | Date 09/05/2024 | Full name of contributor Heckman, Anthony Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 |
| | | Houston, TX 77027 | | | | | |
| | Principal occu Regional Dire | pation / Job title (See Instructions) ector | | Employer (See Instructions Rockspring |) | | |
| | Date 10/14/2024 | Full name of contributor Holder, Chris Contributor address; City; State; Houston, TX 77056 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 |
| | | pation / Job title (See Instructions) ement Advisor | | Employer (See Instructions Alliant |) | | |
| | Date 09/23/2024 | Full name of contributor Howell, Evan Contributor address; City; State; Houston, TX 77024 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$395.00 |
| | | pation / Job title (See Instructions) nagement Investments | | Employer (See Instructions Evan S Howell Inc. |) | | |
| | . roporty ividi | magomont involutions | | E-tail of Howell IIIo. | | | |

| | MONET | ARY POLITICAL (| S | SCHEDULE A1 | | | | |
|---|-----------------------------|--|------------------------|-------------|--|----------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | rm | 1. | 1 | Total pages Schedule A1: Sch: 6/13 Rpt: 33/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | | 3 | Filer ID (Ethics Commission 00063767 | on Filers) |
| 4 | Date 09/26/2024 | 5 Full name of contributor Isom, John6 Contributor address; City; S | | |) | 7 | Amount of Contribution (\$) | \$65.00 |
| | | Waller, TX 77484 | | | | | | |
| 8 | Principal occu Director | pation / Job title (See Instructions | s) <u> </u> | | Employer (See Instructions Waller Economic Develo | | nent | |
| | Date 10/04/2024 | Full name of contributor Kane Russell Coleman & Contributor address; City; S | | | | | Amount of Contribution (\$) | \$395.00 |
| | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> | | |
| | Date 08/01/2024 | Full name of contributor Kane, Caroline Contributor address; City; S Cypress, TX 77429 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions | s) | | Employer (See Instructions Prosperity Management | • | ervices | |
| | Date 08/12/2024 | Full name of contributor Lanagan, Lindsey Contributor address; City; S Houston, TX 77076 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$50.00 |
| | | pation / Job title (See Instructions Relations and Public Affairs | s) | | Employer (See Instructions Legacy Community Hea | | | |
| | Date 09/10/2024 | Full name of contributor Landrum, Michael (Mr.) Contributor address; City; S Houston, TX 77024 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Architect | pation / Job title (See Instructions | (3) | | Employer (See Instructions Michael Landrum Archit | | S | |
| | | | . | | | | | |

| | MONET | ARY POLITICAL CO | S | SCHEDULE A1 | | |
|---|---------------------------|--|------------------------|---|---|----------|
| | The Instru | ction Guide explains how to | complete this form | n. | 1 Total pages Schedule A1: Sch: 7/13 Rpt: 34/106 | |
| 2 | FILER NAME Houston Reg | ion Business Coalition | | | 3 Filer ID (Ethics Commission F 00063767 | Filers) |
| 4 | Date 08/08/2024 | 5 Full name of contributor Lawyer, Keith6 Contributor address; City; State; | |) | 7 Amount of Contribution (\$) \$5 | 5,000.00 |
| | | Bellaire, TX 77401 | | | | |
| 8 | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Western Entertainment | | |
| | Date 09/27/2024 | Laxmidas, Jin Contributor address; City; State; | out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$395.00 |
| | Principal occu | Houston, TX 77055 pation / Job title (See Instructions) | | Employer (See Instructions |) | |
| | Investor | | | Amzim Global Investme | nts, LP | |
| | Date 08/15/2024 | Levedahl, Norman | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77002 | | | | |
| | Principal occu Partner | oation / Job title (See Instructions) | | Employer (See Instructions Burke Law Group | | |
| | Date 08/19/2024 | Full name of contributor Levedahl, Norman Contributor address; City; State; Houston, TX 77002 | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Partner | oation / Job title (See Instructions) | | Employer (See Instructions Burke Law Group | | |
| | Date 10/04/2024 | Full name of contributor Luciano, Summer Contributor address; City; State; Austin, TX 78701 | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$65.00 |
| | | pation / Job title (See Instructions) by Director of State and Federal G | Sovernment | Employer (See Instructions Texas General Land Off | | |
| | -1-1 | , | | | | |

| | MONET | ARY POLITICAL C | S | | SCHEDULE A1 | | |
|---|-------------------------------|--|---|---|--|---|------------|
| | The Instruc | ction Guide explains how | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 8/13 Rpt: 35/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | on Filers) |
| 4 | Date 08/27/2024 | 5 Full name of contributor [Maniha, Ashley | out-of-state PAC (ID#: tte; Zip Code | | 7 | Amount of Contribution (\$) | \$395.00 |
| | Dringing coou | Houston, TX 77041 | 10 | Employer (See Instructions | ·/- | | |
| 8 | Director Director | pation / Job title (See Instructions) | 9 | Employer (See Instructions E3 Electric Ltd | ·) | | |
| | Date 08/20/2024 | Full name of contributor Mcentire, John Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Austin, TX 78759 pation / Job title (See Instructions) | | Employer (See Instructions | <u>) </u> | | |
| | Senior Coun | | | Lightsource bp | ', | | |
| | Date 10/21/2024 | Full name of contributor Michaelson, Seth Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code | | | Amount of Contribution (\$) | \$1,500.00 |
| | | Houston, TX 77077 | | | | | |
| | Principal occu Associate | pation / Job title (See Instructions) | | Employer (See Instructions Wortham Insurance | 5) | | |
| | Date 09/10/2024 | Full name of contributor Morgan, Casey Contributor address; City; Sta Houston, TX 77079 | | | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions Houston Apartment Ass | | ation | |
| | Date 09/19/2024 | Full name of contributor Morton, John Contributor address; City; Sta Houston, TX 77027 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Managing Pa | pation / Job title (See Instructions) artner | | Employer (See Instructions Triple Crown Investmen | | roup | |
| | | | , | | | | |

| | MONET | ARY POLITICAL C | IS | SCHEDULE A | | | | |
|---|--------------------------------|--|---|--|--------|---|-----------|--|
| | The Instru | ction Guide explains how | to complete this for | n. | 1 | Total pages Schedule A1: Sch: 9/13 Rpt: 36/106 | | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commission 00063767 | n Filers) | |
| 4 | Date 08/15/2024 | 5 Full name of contributor Munoz, Lindsey6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 | |
| | | Houston, TX 77007 | | | | | | |
| 8 | Principal occu Founding Pa | pation / Job title (See Instructions) urtner | 9 | Employer (See Instructions Whitmire & Munoz, LLC | | | | |
| | Date 09/24/2024 | Full name of contributor Namakarn, Aimee Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$65.00 | |
| | Principal occu | Houston, TX 77027 pation / Job title (See Instructions) | , T | Employer (See Instructions | ;) | | | |
| | Associate – | | | Rockspring | , | | | |
| | Date 09/26/2024 | Full name of contributor Noteware, Jim Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$65.00 | |
| | | Houston, TX 77252 | | | | | | |
| | Principal occu Real Estate | pation / Job title (See Instructions) Developer | | Employer (See Instructions Noteware Advisors | 5) | | | |
| | Date 08/12/2024 | Full name of contributor Prince, Tracey Contributor address; City; Sta Houston, TX 77010 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 | |
| | • | pation / Job title (See Instructions) Affairs Liason | | Employer (See Instructions Houston First Corporation | | | | |
| | Date 08/31/2024 | Full name of contributor Quackenbush, David Contributor address; City; Sta Houston, TX 77079 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$395.00 | |
| | Principal occu Vice Chairma | pation / Job title (See Instructions) an | | Employer (See Instructions | 5) | | | |
| | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|---|----------------------------------|---|------------------------|----|--|--------------------|--|-----------|--|
| | The Instru | ction Guide explains hov | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 10/13 Rpt: 37/106 | | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | | 3 | Filer ID (Ethics Commission 00063767 | n Filers) | |
| 4 | Date 09/24/2024 | 5 Full name of contributor Rathe, Nicole6 Contributor address; City; S | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$65.00 | |
| | | Fulshear, TX 77441 | | | | | | | |
| 8 | Principal occu Realtore | pation / Job title (See Instructions | s) <u> </u> | | Employer (See Instructions Blue Bird Real Estate | 5) | | | |
| | Date 10/01/2024 | Full name of contributor Rathe, Nicole Contributor address; City; S | | | | | Amount of Contribution (\$) | \$395.00 | |
| | Dringinal occu | Fulshear, TX 77441 pation / Job title (See Instructions | 2) | | Employer (See Instructions | ·/ | | | |
| | Realtore | pation / Job title (See instructions | 5) | | Blue Bird Real Estate | ·) | | | |
| | Date 08/28/2024 | Full name of contributor Saunders, Frederic Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$395.00 | |
| | | Houston, TX 77063 | | | | | | | |
| | Principal occu Principal | pation / Job title (See Instructions | 5) | | Employer (See Instructions Mission-Heights Enterp | | s Ltd. | | |
| | Date 10/08/2024 | Full name of contributor Saunders, Frederic Contributor address; City; S Houston, TX 77063 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$65.00 | |
| | Principal occu Principal | pation / Job title (See Instructions | 5) | | Employer (See Instructions Mission-Heights Enterp | | s Ltd. | | |
| | Date 09/23/2024 | Full name of contributor Simons, Dan Contributor address; City; S Houston, TX 77014 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$65.00 | |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Dan Simons Law Firm | s) | | | |
| | | | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|----------------------------------|--|--|---|-----------------------------|--|---------|--|------------|
| | The Instru | ction Guide explains hov | to complete this fo | orr | m. | 1 | Total pages Schedule A1: Sch: 11/13 Rpt: 38/106 | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | | 3 | Filer ID (Ethics Commissi 00063767 | on Filers) |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 7 07/02/2024 Sinclair, Donald Ray 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$50,000.00 | | | |
| | | Houston, TX 77005 | | | | | | |
| 8 | Principal occu Investor | pation / Job title (See Instructions | 5) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 10/10/2024 | Full name of contributor Stevens, Rocky Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$65.00 |
| | Houston, TX 77056 | | <u></u> | | | | | |
| | Principal occu President | pation / Job title (See Instructions | 5) | | Employer (See Instructions Wellington Developmen | | ompany | |
| | Date 07/08/2024 | Full name of contributor Strassner, Aaron Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | | Amount of Contribution (\$) | \$1,500.00 |
| | | Houston, TX 77098 | | | | | | |
| | Principal occu Investment E | pation / Job title (See Instructions Banker | 5) | | Employer (See Instructions UBS Investment Bank | 5) | | |
| | Date 10/03/2024 | Full name of contributor Sullivan, Mike Contributor address; City; S Houston, TX 77024 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$65.00 |
| | | pation / Job title (See Instructions overnmental and Public Affai | | | Employer (See Instructions Group 1 Automotive | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/07/2024 Surles, Forrest Contributor address; City; State; Zip Code Houston, TX 77056 | |) | | Amount of Contribution (\$) | \$65.00 | | |
| | Principal occu Principal and | pation / Job title (See Instructions I Founder | 5) | | Employer (See Instructions Eagle Strategies LLC | 5) | | |
| | , | | | | <u> </u> | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|----------------------------------|---|---|-----------------------------|---|-------------|--|-------------|--|
| | The Instruc | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 12/13 Rpt: 39/106 | | |
| 2 | FILER NAME Houston Reg | gion Business Coalition | | | 3 | Filer ID (Ethics Commissi 00063767 | on Filers) | |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Thackerson, Kristy 6 Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$65.00 | | | | |
| 8 | Principal occu | Houston, TX 77025 pation / Job title (See Instructions |) 9 | Employer (See Instruction |) (S) | | | |
| Ü | Houston ISD | | , | Co-Teacher | 13) | | | |
| | Date 08/12/2024 | Full name of contributor Vela, Lee Contributor address; City; St | | | | Amount of Contribution (\$) | \$50.00 | |
| | | Houston, TX 77077 | | | | | | |
| | | pation / Job title (See Instructions ent - Public Affairs |) | Employer (See Instruction Clear Channel Outdoor | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | Clear Charmer Outdoor | | Amount of Contribution (\$) | | |
| | 10/03/2024 | Weekley, Richard (Mr.) Contributor address; City; St | | | | | \$50,000.00 | |
| | | Houston, TX 77055 | | | | | | |
| | Principal occu Developer | pation / Job title (See Instructions |) | Employer (See Instruction Self-employed | ıs) | | | |
| | Date 08/06/2024 | Full name of contributor Wickman, Jr., Wayne Contributor address; City; St Dallas, TX 75234 | | | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Account Exe | pation / Job title (See Instructions cutive |) | Employer (See Instruction Relay Human Cloud | ıs) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Wleczyk, Laurie Contributor address; City; State; Zip Code Houston, TX 77042 | | | Amount of Contribution (\$) | \$395.00 | | | |
| | Principal occu Business De | pation / Job title (See Instructions |) | Employer (See Instruction Clear Channel | ıs) | | | |
| | Dusiness De | усторитет. | | Sica Shamer | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 |
|----------------------------------|---|--|---|----------------------------|------|--|
| | The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A1: Sch: 13/13 Rpt: 40/106 |
| 2 | FILER NAME Houston Re | gion Business Coalition | | | 3 | Filer ID (Ethics Commission Filers) 00063767 |
| 4 | Date 08/17/2024 | 5 Full name of contributor out-of-state PAC (ID# Wynne, Michael 6 Contributor address; City; State; Zip Code | : |) | 7 | Amount of Contribution (\$) \$50.00 |
| 8 | Principal occu | Houston, TX 77010 upation / Job title (See Instructions) | 9 | Employer (See Instructions | | |
| • | Attorney | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Gregor Wynne Arney Pl | | |
| | | | | | | |
| | | | | | | |

| PLEDO | SED CONTRIBUTIONS | | | | SCHEDULE B | |
|------------------|---|-------------------------|---|----------------------|------------------------------------|--|
| The | Instruction Guide explains how to comp | 1 | 1 Total pages Schedule B: Sch: 1/1 Rpt: 41/106 | | | |
| 2 FILER NAM | E | | 3 | | ics Commission Filers) | |
| Houston Re | egion Business Coalition | | | 00063767 | | |
| 4 TOTAL O | | | \$ | 0.00 | | |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID | #:) | 8 | | 9 In-kind description | |
| | Hassenflu, Alan | | | pledge (\$) | (If applicable) | |
| 10/26/2024 | 7 Pledgor Address; City; State; Zip Coo | le | | \$50,000.00 | PAC Contribution. | |
| | Bellaire, TX 77401 | | 1 | Check if travel outs | ide of Texas. Complete Schedule T. | |
| 10 Principal occ | Cupation / Job title (See Instructions) | 11 Employer (See Instru | uctio | ons) | | |
| CEO | | Fidelis | | | | |
| | | | | | | |
| | | | | | | |

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

| \vdash | | | | | | | | |
|----------|---|---|---|-------------|--|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule C3: Sch: 1/1 Rpt: 42/106 | | | |
| 2 | FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) | | | |
| | Houston Re | gion Business Coalition | | 00063767 | | | | |
| 4 | Date | 5 Corporation / Labor Organization name | 6 | Amount (\$) | | | | |
| L | 09/10/2024 | Independent Financial | | | 1,500.00 | | | |
| Г | Date | Corporation / Labor Organization name | | Amount (\$) | | | | |
| L | 09/30/2024 | Recana Solutions | | | 25,000.00 | | | |
| Г | Date | Corporation / Labor Organization name | | Amount (\$) | | | | |
| | 09/10/2024 | Texas Funding Corporation | | | 395.00 | | | |
| r | Date | Corporation / Labor Organization name | | Amount (\$) | | | | |
| | 09/30/2024 | VPA Houston & Dallas, Inc. | | | 395.00 | | | |
| \vdash | Date | Corporation / Labor Organization name | | Amount (\$) | | | | |
| L | 07/29/2024 | Will Franklin Revocable Trust | | | 5,000.00 | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/64 Rpt: 43/106 | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| 07/08/2024 | Authorize.Net |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$104.95 | P.O. Box 8999 |
| - " | |
| Expenditure from corporate funds | San Francisco, CA 94128 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | PAC Credit Card Processing Fees. |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 08/06/2024 | Authorize.Net |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$137.65 | P.O. Box 8999 |
| | |
| Expenditure from corporate funds | San Francisco, CA 94128 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense PAC Credit Card Processing Fees. |
| | The creat card Hocessing Fees. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 09/05/2024 | Payee name Authorize.Net |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$104.95 | P.O. Box 8999 |
| Expenditure from corporate funds | San Francisco, CA 94128 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| LAI LINDITURE | Check if Austin, TX, officeholder living expense |
| | PAC Credit Card Processing Fees. |
| Complete CAU V & dia+ | Condidate/Officeholder name Office cought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| • | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to cor | nplete this form. |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/64 Rpt: 44/106 | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | |
| 10/07/2024 | Authorize.Net | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Coo | de |
| \$104.95 | P.O. Box 8999 | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94128 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | PAC Credit Card Processing Fees. |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 09/12/2024 | Bentley Public Affairs | |
| Amount (\$) | Payee address; City; State; Zip Co | de |
| \$484.32 | 1220 Colorado Street | |
| | Suite 450 | |
| Expenditure from corporate funds | Austin, TX 78701 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | · | Check if Austin, TX, officeholder living expense |
| | | Event Expense Reimbursements. |
| Complete ONLY if direct | Condidate/Officeholder name Office sour | office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | oht Office held |
| Data | P | |
| Date 09/12/2024 | Payee name Bentley Public Affairs | |
| | | No. |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Cor 1220 Colorado Street | de . |
| φ5,000.00 | Suite 450 | |
| Expenditure from | | |
| corporate funds | Austin, TX 78701 | |
| PURPOSE OF | , | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense | Check if Austin, TX, officeholder living expense |
| | | PAC Event Sponsorship. |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sout | ht Office held |
| expenditure to benefit C/OI | 1 | |
| | | |
| | | |

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
|--|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: Sch: 3/64 Rpt: 45/106 | FILER NAME Houston Region Business Coalition | 3 Filer ID (Ethics Commission Filers) 00063767 | | | | |
| 4 | Date 10/07/2024 | 5 Payee name Bluestone Creatives | | | | | |
| 8 | Amount (\$) \$10,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE | I Maverillaring Expense | outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense. | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Court Of Appeals, Justice | Office held Place | | | | |
| | Date | Payee name (see previous) | | | | | |
| | Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Boatman, Katy Court Of Appeals, Justice | Office held Place | | | | |
| | Date | Payee name (see previous) | | | | | |
| | Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE | l 🛏 | outside of Texas. Complete Schedule T. | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Candidate/Office sought | n, TX, officeholder living expense Office held | | | | |
| | expenditure to benefit C/OH Antu, Maritza Michele Court Of Appeals, Justice Place | | | | | | |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officenolder/Political | The Instruction Guide explains how to con | nplete this form. |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/64 Rpt: 46/106 | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | |
| 10/16/2024 | CAMP Political LLC | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Coo | le |
| \$25,452.60 | 401 NE 46th St | |
| | | |
| Expenditure from corporate funds | Oklahoma City, OK 73105 | |
| 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 PAC In-Kind Mail Printing and Postage. |
| | | FAC III-Niliu Mali Fillilling and Foslage. |
| • O I O O O O O O O O O O O O O O O O O | | 000 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | |
| | ¹ Hull, Lacey State Rep | resentative District 138 State Representative District |
| Date | Payee name | |
| 10/16/2024 | CAZ Consulting LLC | |
| Amount (\$) | Payee address; City; State; Zip Coo | le |
| \$20,980.00 | 7720 Laura Lake Ln | |
| | | |
| Expenditure from corporate funds | Fort Worth, TX 76126 | |
| 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 |
| | | PAC In-Kind Text Message Program. |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | |
| experiantare to serionic eye. | ¹ Simons, Dan District At | torney |
| Date | Payee name | |
| 07/25/2024 | Color Reflections | |
| Amount (\$) | Payee address; City; State; Zip Coo | le |
| \$633.26 | 19424 Park Row | |
| | Suite 130 | |
| Expenditure from corporate funds | Houston, TX 77084 | |
| • | | (1) - |
| PURPOSE OF | 2 (| (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense | Check if Austin, TX, officeholder living expense |
| | | PAC Event Banner Stands. |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office souc | ht Office held |
| expenditure to benefit C/OI | | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|--|--|
| | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/64 Rpt: 47/106 | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| 09/12/2024 | Cygnal |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$29,260.00 | 900 17th St NW |
| | Suite 950 |
| Expenditure from corporate funds | Washington DC, TX 20006 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | PAC Harris County Survey. |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 07/25/2024 | Iraj Ghavidel Photography |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,169.10 | 21607 Sabine Pass Ct |
| Expenditure from | |
| corporate funds | Katy, TX 77450 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | PAC Event Photography. |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 10/07/2024 | Iraj Ghavidel Photography |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$725.28 | 21607 Sabine Pass Ct |
| Expenditure from | |
| x corporate funds | Katy, TX 77450 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense PAC Event Photography. |
| | 1 /10 Event i notography. |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | | |
|--|--|----------------|---|------------|----------------------------|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) | | | |
| Sch: 6/64 Rpt: 48/106 | Houston Region Business Coalition | | | 00063767 | | | | |
| 4 Date | 5 Payee name | | <u> </u> | | | | | |
| 08/27/2024 | Junior League of Houston | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | | | | | |
| \$7,009.19 | 1811 Briar Oaks Lane | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Houston, TX 77027 | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | _ | scription | | | | | |
| EXPENDITURE | Event Expense | | Check if travel outsi Check if Austin, TX, | | | | | |
| | | | | | vent Food, and Event | | | |
| | | | verage. | • | , | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | | Office he | eld | | | |
| expenditure to benefit C/OI | | J | | | | | | |
| Date | Payee name | | | | | | | |
| 10/07/2024 | Junior League of Houston | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ndo | | | | | | |
| \$6,759.14 | 1811 Briar Oaks Lane | ue | | | | | | |
| φ0,739.14 | TOTT Bilai Caks Laile | | | | | | | |
| X Expenditure from corporate funds | Houston, TX 77027 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Des | scription | | | | | |
| OF EXPENDITURE | Event Expense | | Check if travel outsi | | | | | |
| | | | C Event Root | | vent Food, and Event | | | |
| | | | verage. | m remai, E | vent i ood, and Event | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | | Office he | eld | | | |
| Date | Payes name | | | | | | | |
| 10/01/2024 | Payee name Lonestar Economic Alliance | | | | | | | |
| | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | | | | | |
| \$5,000.00 | 919 Congress Avenue | | | | | | | |
| Expenditure from | Suite 455 | | | | | | | |
| corporate funds | Austin, TX 78701 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | | scription | | | | | |
| EXPENDITURE | PAC Membership Dues. | | Check if travel outsi Check if Austin, TX, | | | | | |
| | | | C Membershi | | у схрепас | | | |
| | | | | r = 5.30. | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | aht | | Office he | eld | | | |
| expenditure to benefit C/OI | | | | 200 110 | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/Openations Mad

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/ | Nages/Contract Labor OTHER (enter a category not listed above) | | | |
|--|--|--|--|--|--|
| | The Instruction Guide explains how to co | · · · · · · · · · · · · · · · · · · · | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 7/64 Rpt: 49/106 | Houston Region Business Coalition | 00063767 | | | |
| 4 Date | 5 Payee name | | | | |
| 07/16/2024 | Mammoth Marketing Group LLC | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | | |
| \$5,000.00 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| X Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense | | | |
| | | PAC Executive Director Fee. | | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ight Office held | | | |
| | | | | | |
| Date | Payee name | | | | |
| 08/15/2024 | Mammoth Marketing Group LLC | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | |
| \$5,000.00 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| X Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | Caramos, magos, cominact 2000. | Check if Austin, TX, officeholder living expense | | | |
| | | PAC Executive Director Fee. | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ight Office held | | | |
| expenditure to benefit C/OI | л | | | | |
| Date | Payee name | | | | |
| 07/01/2024 | Mammoth Marketing Group LLC | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | |
| \$2,454.48 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF | Fees | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | |
| | | PAC Data, Website Hosting, Reimbursements, and | | | |
| | | Event Monthly Fees. | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ight Office held | | | |
| expenditure to benefit C/OH | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. | | | | |
|--|---|--|--|--|--|--|
| 1 Total pages Schedule F1: Sch: 8/64 Rpt: 50/106 | FILER NAME Houston Region Business Coalition | 3 Filer ID (Ethics Commission Filers) 00063767 | | | | |
| 4 Date 07/16/2024 | 5 Payee name Mammoth Marketing Group LLC | | | | | |
| 6 Amount (\$) \$2,500.00 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE | 7 Payee address; City; State; Zip C 4500 Bissonnet St Suite 370 Bellaire, TX 77401 (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Retainer Fee. | | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sol | ght Office held | | | | |
| Date 08/15/2024 | Payee name Mammoth Marketing Group LLC | | | | | |
| Amount (\$) \$2,500.00 Expenditure from corporate funds | Payee address; City; State; Zip C 4500 Bissonnet St Suite 370 Bellaire, TX 77401 | ode | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Retainer Fee. | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sol | ught Office held | | | | |
| Date 08/24/2024 | Payee name Mammoth Marketing Group LLC | | | | | |
| Amount (\$) \$4,000.00 Expenditure from corporate funds | Payee address; City; State; Zip C 4500 Bissonnet St Suite 370 Bellaire, TX 77401 | ode | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Consulting Expense. | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sol | ught Office held | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to co | wages/Contract Labor OTHER (enter a category not listed above) mplete this form. | | | |
|--|--|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 9/64 Rpt: 51/106 | Houston Region Business Coalition 00063767 | | | | |
| 4 Date | 5 Payee name | · | | | |
| 08/05/2024 | Mammoth Marketing Group LLC | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | | |
| \$6,635.00 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense PAC Data, Website Hosting, Reimbursements, and | | | |
| | | Event Monthly Fees. | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | | | |
| expenditure to benefit C/OI | | | | | |
| Date | Payee name | | | | |
| 08/27/2024 | Mammoth Marketing Group LLC | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | |
| \$9,325.00 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense | | | |
| | | PAC Event Expense. | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | | | |
| expenditure to benefit C/OI | | | | | |
| Date | Payee name | | | | |
| 09/03/2024 | Mammoth Marketing Group LLC | | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | | |
| \$2,881.97 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense PAC Reimbursements, Data, Website Hosting, and | | | |
| | | Event Monthly | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | | | |
| expenditure to benefit C/OH | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wag | ges/Contract Labor OTHER (enter a category not listed above) | | | | |
|--|--|--|--|--|--|--|
| | The Instruction Guide explains how to comp | plete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 10/64 Rpt: | Houston Region Business Coalition | 00063767 | | | | |
| 4 Date | 5 Payee name | | | | | |
| 09/16/2024 | Mammoth Marketing Group LLC | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$2,500.00 | 4500 Bissonnet St | | | | | |
| — Forest dit us from | Suite 370 | | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | D) Description | | | | |
| OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense PAC Retainer Fee. | | | | |
| | | FAC Netainer Fee. | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | | | |
| expenditure to benefit C/OI | | | | | | |
| Date | Payee name | | | | | |
| 09/16/2024 | Mammoth Marketing Group LLC | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$5,000.00 | 4500 Bissonnet St | | | | | |
| | Suite 370 | | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | D) Description | | | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense | | | | |
| | | PAC Executive Director Fee. | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | | | |
| expenditure to benefit C/OI | | il Office field | | | | |
| Date | Payee name | | | | | |
| 10/01/2024 | Mammoth Marketing Group LLC | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$983.44 | 4500 Bissonnet St | 5 | | | | |
| Ψ303.44 | | | | | | |
| Expenditure from | Suite 370 | | | | | |
| corporate funds | Bellaire, TX 77401 | | | | | |
| PURPOSE OF | , , , | D) Description | | | | |
| EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | PAC Data, Website Hosting, and Event Monthly | | | | |
| | | Fees. | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | | | |
| expenditure to benefit C/OI | Н | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 11/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 Date | F. Davies same |
| | 5 Payee name |
| 10/07/2024 | Mammoth Marketing Group LLC |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3,512.71 | 4500 Bissonnet St |
| | Suite 370 |
| Expenditure from | Bellaire, TX 77401 |
| corporate funds | Delialie, 17 11401 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | PAC Text Survey and Outreach. |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to beliefit C/O | |
| Date | Payee name |
| 10/16/2024 | Mammoth Marketing Group LLC |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | 4500 Bissonnet St |
| \$5,000.00 | |
| Expenditure from | Suite 370 |
| x corporate funds | Bellaire, TX 77401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Salaries/Wages/Contract Labor |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | PAC Executive Director Fee. |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Davies name |
| 10/16/2024 | Payee name Mammath Marketing Croup II C |
| 10/10/2024 | Mammoth Marketing Group LLC |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 4500 Bissonnet St |
| | Suite 370 |
| Expenditure from corporate funds | Bellaire, TX 77401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Consulting Expense |
| | PAC Retainer Fee. |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card F dyment | The Instruction Guide 6 | explains how to co | mplete this form. | | |
|---|--|--------------------|--------------------|--|----------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 12/64 Rpt: | Houston Region Business Coal | ition | | 00063767 | |
| 4 Date | 5 Payee name | | | • | |
| 10/16/2024 | Mammoth Marketing Group LLC | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | |
| \$2,504.95 | 4500 Bissonnet St | | | | |
| Expenditure from | Suite 370 | | | | |
| corporate funds | Bellaire, TX 77401 | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | |
| EXPENDITURE | Advertising Expense | | <u> </u> | outside of Texas. Co n, TX, officeholder livi | |
| | | | | ement Email A | |
| | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | Office h | |
| expenditure to benefit C/OI | T Cruz, Ted | U.S. Sen | ator | U.S. S | enator |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | autaida of Tayon Co | mulata Cabadula T |
| EXPENDITURE | | | - | outside of Texas. Co n, TX, officeholder livi | |
| | | | _ | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sou | - | Office I | |
| experiulture to beliefit C/OI | T Crenshaw, Dan | U.S. Rep | resentative Distri | ct 2 U.S. R | Representative District 2 |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | outside of Texas. Co | mnlete Schedule T |
| EXPENDITURE | | | | n, TX, officeholder livi | |
| | | | _ | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sou | | Office I | |
| experiorare to benefit C/OI | Tuttrell, Morgan | U.S. Rep | resentative Distri | ict 8 U.S. R | Representative District 8 |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide | explains how to comple | te this form. | | |
|---|--|--|-------------------------------|--|------------------------|---------------------------------|
| 1 | Total pages Schedule F1: Sch: 13/64 Rpt: | 2 FILER NAME Houston Region Business Coa | lition | | Filer ID 00063767 | (Ethics Commission Filers) |
| 4 | Date | 5 Payee name (see previous) | | I | | |
| 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 | p of this schedule) (b) | Description Check if travel outsid Check if Austin, TX, or | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H Nehls, Troy E. | Office sought U.S. Represe | entative District 22 | Office he 2 U.S. Re | eld presentative District 22 |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | p of this schedule) (b) | Description Check if travel outsid Check if Austin, TX, or | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H Babin, Brian | Office sought U.S. Represe | entative District 36 | Office he U.S. Re | eld presentative District 36 |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; | State; Zip Code | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | p of this schedule) (b) | Description Check if travel outsid Check if Austin, TX, o | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Hunt, Wesley | Office sought U.S. Represe | entative District 38 | Office he 3 U.S. Re | eld presentative District 38 |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel out of District
OTHER (enter a category not listed above)

| Credit Card Payment | The Instruction Guide ex | plains how to complete this form. | | |
|--|--|---------------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 14/64 Rpt: | Houston Region Business Coaliti | ion | 00063767 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | |
| | | | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top o | ′ I — ' | | |
| EXPENDITURE | | · · · · · · · · · · · · · · · · · · · | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | |
| | | " | • | |
| | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to beliefft C/O | T Craddick, Christi | Railroad Commissioner | Railroad Commissioner | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| | | | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top o | · I — | | |
| EXPENDITURE | | | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | |
| | | 📙 | g. p | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | H Blacklock, Jimmy | Supreme Court Justice P | Place 2 Supreme Court Justice Place 2 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| | | | | |
| Expenditure from | | | | |
| corporate funds | | T., | | |
| PURPOSE OF | (a) Category (See Categories listed at the top o | · I | el outside of Texas. Complete Schedule T. | |
| EXPENDITURE | | | tin, TX, officeholder living expense | |
| | | | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name H Devine John | Office sought | Office held | |
| expenditure to benefit C/OH Devine, John Supreme Court Justice Place 4 Supreme Court Justice Place 4 | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services The Instruction Guid | | Wages/Contract Labor omplete this form. | OTHER (enter a category not listed above) |
|---|--|-----------------------|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 15/64 Rpt: | Houston Region Business Co | alition | | 00063767 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | ode | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | I | side of Texas. Complete Schedule T. K, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name H Bland, Jane | Office sou Supreme | ught e Court Justice Place | Office held e 6 Supreme Court Justice Place 6 |
| Date | Payee name (see previous) | | | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; | State; Zip C | ode | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | ı <u>—</u> | side of Texas. Complete Schedule T. K, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H Schenck, David J. | Office sou | I _{ught} Criminal Appeals, | Office held Court of Criminal Appeals, |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ode | |
| corporate funds | | | la. | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | | side of Texas. Complete Schedule T. K, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | ught | Office held |
| expenditure to benefit C/O | H Parker, Gina | Court Of | Criminal Appeals, | Court Of Criminal Appeals, |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nse Travel in District
ense Travel Out of District
ges/Contract Labor OTHER (enter a cat

| Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services The Instruction Guide exp | Salaries/Wages/ plains how to complet | | OTHER (enter a | category not listed above) |
|---|---|--|---------------------|------------------------|----------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 16/64 Rpt: | Houston Region Business Coaliti | on | | 00063767 | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) | Description | | |
| OF EXPENDITURE | | | | side of Texas. Comp | |
| | | | Check if Austin, TX | (, officeholder living | expense |
| | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office he | ld |
| expenditure to benefit C/OI | | Court Of Crim | ninal Appeals. | Office fic | iu |
| Data | | | Jaja , | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) | Description | | |
| OF EXPENDITURE | | | <u> </u> | side of Texas. Comp | |
| LA LINDITORL | | | Check if Austin, TX | (, officeholder living | expense |
| | | | | | |
| 2 1 2 2 2 2 2 2 2 | | | | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | r Diatriat 6 | Office he | |
| | T Alvarado, Carol | State Senator | DISTRICT 6 | State St | enator District 6 |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | | | | | |
| | | | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) | Description | | |
| OF | (See Categories listed at the top of | and somedure) | | side of Texas. Comp | olete Schedule T. |
| EXPENDITURE | | i | Check if Austin, TX | K, officeholder living | expense |
| | | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | | Office he | |
| experiulture to benefit C/OI | Expenditure to benefit C/OH Bettencourt, Paul State Senator District 7 State Senator District 7 | | | | |
| | | | | | |
| | | | | | |
| I | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 17/64 Rpt: | Houston Region Business Coalition 00063767 |
| 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 ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | Huffman, Joan State Senator District 17 State Senator District 17 |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from 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 | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | Harless, E. Sam State Representative District 126 State Representative District |
| | Date | Payee name (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Cunningham, Charles State Representative District 127 State Representative District |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how t | complete this form. | |
|---|---|--|-------------------------------------|---|
| 1 | Total pages Schedule F1: Sch: 18/64 Rpt: | FILER NAME Houston Region Business Coalition | | Filer ID (Ethics Commission Filers) 00063767 |
| 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) | | e of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office | - | Office held |
| | · | Calif, briscoe State | Representative District 1 | 28 State Representative District |
| | Date | Payee name (see previous) | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip | Code | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office Paul, Dennis State | | Office held 29 State Representative District |
| | Date | Payee name (see previous) | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip | Code | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | | sought Representative District 1 | Office held 30 State Representative District |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------------------------|----------------------------------|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 19/64 Rpt: | Houston Region Business Coalition 00063767 |
| 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 ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | 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/O | DeAyala, Mano State Representative District 133 State Representative District |
| | Date | Payee name (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | 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/O | | Hull, Lacey State Representative District 138 State Representative District |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 20/64 Rpt: | Houston Region Business Coalition 00063767 | |
| 4 Date | 5 Payee name | |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | | |
| | | |
| Expenditure from corporate funds | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | 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 Office held | |
| oxportance to portone eye | H Walle, Armando State Representative District 140 State Representative District | |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| | | |
| | | |
| Expenditure from corporate funds | | |
| PURPOSE | (b) Description | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | H Swanson, Valoree State Representative District 150 State Representative District | |
| Date | Payee name | _ |
| | (see previous) | |
| Λ | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| Expenditure from | | |
| corporate funds | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense | |
| | | |
| Occupated CANAVII II | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H. Cauchov, Jappifor Court Of Appeals, Justice Place | |
| | Caughey, Jennifer Court Of Appeals, Justice Place | |
| | | |
| | | |
| | | _ |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 21/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 | Date | 5 Payee name |
| | | (see previous) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | | |
| | ■ Evnonditure from | |
| L | Expenditure from corporate funds | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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 sought Office held |
| 9 | expenditure to benefit C/O | |
| | | South Of Appeals, Subtree Files |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | |
| _ | T Expenditure from | |
| | corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | experientare to benefit 6/61 | Morgan, Clint Court Of Appeals, Justice Place |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | |
| | | |
| | Expenditure from corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | Guiney, Kristin M. Court Of Appeals, Justice Place |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Candidate/Officeholder/Political Committee
Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services S The Instruction Guide explains ho | salaries/Wages/Contract Labor w to complete this form. | OTHER (enter a category not listed above) | | | |
|--|---|--|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 22/64 Rpt: | Houston Region Business Coalition | | 00063767 | | | |
| 4 Date | 5 Payee name | | • | | | |
| | (see previous) | | | | | |
| | · · · | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; 2 | Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from | | | | | | |
| corporate funds | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule | (b) Description | | | | |
| OF | (| · | l outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | | Check if Austi | in, TX, officeholder living expense | | | |
| | | - | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| 9 Complete ONLY if direct | 1.1 | ce sought | Office held | | | |
| expenditure to benefit C/O | ^H Dokupil, Susanna Co | urt Of Appeals, Justice | Place | | | |
| Date | Davida nama | | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from | | | | | | |
| corporate funds | | | | | | |
| PURPOSE | (2) Cotomoni | (b) December | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) | · — | Loutside of Toyon, Complete Cabadula T | | | |
| EXPENDITURE | | <u></u> | l outside of Texas. Complete Schedule T. | | | |
| | | L Crieck ii Austi | in, TX, officeholder living expense | | | |
| | | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Offi | ce sought | Office held | | | |
| expenditure to benefit C/O | ^H Bridges, Chad Co | urt Of Appeals, Justice | Place | | | |
| | | | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| Amount (\$) | Payee address; City; State; 2 | Lip Code | | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from corporate funds | | | | | | |
| | | T | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | · I — | | | | |
| OF EXPENDITURE | | Check if trave | l outside of Texas. Complete Schedule T. | | | |
| EXPENDITORE | | Check if Austi | n, TX, officeholder living expense | | | |
| | | | | | | |
| | | | | | | |
| Complete ONLY if direct | L Candidate/Officeholder name Offi | ce sought | Office held | | | |
| expenditure to benefit C/O | 1.1 | | | | | |
| - p - 1 2 22 23 070 | expenditure to benefit C/OH McLaughlin, Tonya Court Of Appeals, Justice Place | | | | | |
| | | | | | | |
| | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politice Credit Card Payment | al Committee Legal Services Sala The Instruction Guide explains how t | ries/Wages/Contract Labor o complete this form. | OTHER (enter a category not listed above) |
|--|--|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 23/64 Rpt: | Houston Region Business Coalition | | 00063767 |
| 4 Date | 5 Payee name | | |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | |
| , , | | | |
| | | | |
| Expenditure from | | | |
| corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | | | outside of Texas. Complete Schedule T. |
| | | Check if Austir | n, TX, officeholder living expense |
| | | | |
| | | | |
| 9 Complete ONLY if direct | 1.1 | sought | Office held |
| expenditure to benefit C/O | Antu, Maritza Michele Court | Of Appeals, Justice | Place |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (t) | · · · · | Codo | |
| Amount (\$) | Payee address; City; State; Zip | Code | |
| | | | |
| Expenditure from | | | |
| corporate funds | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF | (See Categories listed at the top of this seriedate) | | outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austir | n, TX, officeholder living expense |
| | | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| expenditure to benefit C/O | ^H Boatman, Katy Court | Of Appeals, Justice | Place |
| Date | T | | |
| Dale | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip | Code | |
| | | | |
| | | | |
| Expenditure from corporate funds | | | |
| PURPOSE | (a) Catagory (c | (b) Description | |
| OF | (a) Category (See Categories listed at the top of this schedule) | | outside of Texas. Complete Schedule T. |
| EXPENDITURE | | | n, TX, officeholder living expense |
| | | - | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| expenditure to benefit C/O | | Of Appeals, Justice | |
| | | ipposio, odolioo | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to co | nplete this form. |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 24/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 | Date | 5 Payee name | <u>'</u> |
| | | (see previous) | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de |
| | | | |
| _ | T Expenditure from | | |
| L | corporate funds | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | EXPENDITURE | | 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 sou | ght Office held |
| | expenditure to benefit C/OI | Hailey Copeland, Nile District Ju | udge District 11 |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Co | de |
| | | | |
| _ | T Expenditure from | | |
| L | corporate funds | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | OF EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Check in Austin, 174, officeroader living expense |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| | expenditure to benefit C/OI | Shuchart, Lee Kathryn District Ju | udge District 61 |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Co | de |
| | | | |
| _ | T Expenditure from | | |
| | corporate funds | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | OF EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Creek if Austri, 174, officeriolider living expense |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| | expenditure to benefit C/O | 1 | udge District 80 |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 25/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| | (see previous) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| (1) | |
| | |
| Expenditure from corporate funds | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Data | |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| | |
| Expenditure from corporate funds | |
| | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Check it Additi, 174, officer older living expense |
| | |
| Operation ONLY if direct | On didde Office holder game |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Landrum, Michael (Major) District Judge District 133 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| (+) | - 4y-2 |
| | |
| Expenditure from | |
| corporate funds | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. |
| Z. ZIDITORE | Check if Austin, TX, officeholder living expense |
| | |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | Gabriel Adams, Aaron District Judge District 164 |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to o | • | ich (einer a calegory not listed above) |
|----------|----------------------------------|--|-----------------------------|---|
| 1 | Total pages Schedule F1: | <u> </u> | 3 File | er ID (Ethics Commission Filers) |
| - | Sch: 26/64 Rpt: | Houston Region Business Coalition | | 063767 |
| 4 | Date | 5 Payee name | I | |
| | | (see previous) | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| | | | | |
| | | | | |
| | Expenditure from corporate funds | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | OF EXPENDITURE | | l = | Texas. Complete Schedule T. |
| | | | Check if Austin, TX, office | eholder living expense |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | laht | Office held |
| ľ | expenditure to benefit C/O | | Judge District 165 | Office field |
| - | Date | | | |
| | Date | Payee name (see previous) | | |
| | Amount (Φ) | · · · · · · | ada | |
| | Amount (\$) | Payee address; City; State; Zip C | oue | |
| | | | | |
| \vdash | Expenditure from | | | |
| ╘ | ☐ corporate funds | | • | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | Toyan Complete Cabadyla T |
| | EXPENDITURE | | Check if Austin, TX, office | Texas. Complete Schedule T. eholder living expense |
| | | | | |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office so | ught | Office held |
| | expenditure to benefit C/OI | Munoz Detoto, Emily District | Judge District 177 | |
| | Date | Payee name | | |
| | | (see previous) | | |
| | Amount (\$) | Payee address; City; State; Zip C | ode | |
| | (1) | | | |
| | | | | |
| | Expenditure from corporate funds | | | |
| | PURPOSE | (a) Category (c. C. | (b) Description | |
| | OF | (a) Category (See Categories listed at the top of this schedule) | l ` | Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, office | eholder living expense |
| | | | | |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office so | | Office held |
| | expenditure to benefit C/OI | ¹ Milliron, Nathan J. District | Judge District 215 | |
| | | | | |
| | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee | Legal Services The Instruction Guide expl | | Wages | /Contract Labor | | OTHER (enter a | category not listed a | above) |
|---|--|--------------------------|--|----------------|-------|-----------------|----------|---------------------|-----------------------|---------------|
| 1 | Total pages Schedule F1: | 2 FILED NAM | | | | | 2 | Filer ID | (Ethics Commis | sion Filers) |
| - | Sch: 27/64 Rpt: | | egion Business Coalitio | n | | | | 00063767 | (Lunes Commis | 310111 11013) |
| _ | - | | | | | | <u> </u> | | | |
| 4 | Date | 5 Payee nam | | | | | | | | |
| | | (see previ | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; S | State; Zip Co | ode | | | | | |
| | | | | | | | | | | |
| _ | Expenditure from | | | | | | | | | |
| L | corporate funds | | | | | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the top of the | nis schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | • | • | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | LXI LINDITORE | | | | | Check if Austin | , TX | officeholder living | g expense | |
| | | | | | | | | | | |
| | | | | | L | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | _ | fficeholder name | Office sou | | D: 4 : 4 000 | | Office he | eld | |
| | experiantare to benefit of en | ¹ Staley, Bria | n | District J | uage | e District 333 | | | | |
| | Date | Payee nam | е | | | | | | | |
| | | (see previ | ous) | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; S | State; Zip Co | ode | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top of the | his schodulo) | (b) | Description | | | | |
| | OF | | See Categories listed at the top of the | iis scriedule) | `´ | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austin | , TX | officeholder living | g expense | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | 1 | fficeholder name | Office sou | | | | Office he | eld | |
| | experiulture to beliefit C/OI | ¹ Oncken, Mi | chele | District J | ludge | e District 338 | | | | |
| | Date | Payee nam | e | | | | | | | |
| | | (see previ | ous) | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; S | State; Zip Co | ode | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top of the | nis schadula) | (b) | Description | | | | |
| | OF | () = ==== | occ oategories isted at the top of the | no serieduic) | `´ | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austin | , TX | officeholder living | g expense | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | fficeholder name | Office sou | | | | Office he | eld | |
| | expenditure to benefit C/O | ¹ Burdette, A | aron | District J | ludge | e District 486 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 28/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 | Date | 5 Payee name |
| | | (see previous) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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 sought Office held |
| , | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | |
| | Expenditure from corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | |
| _ | T Expenditure from | |
| L | corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | |
| | Complete ONLY if direct | Condidate/Officeholder name Office sought |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Lemkuil, Dan District Judge District 507 |
| | | Lemkuii, Dan District Juuge District 307 |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 29/64 Rpt: | Houston Region Business Coalition | 00063767 | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | | |
| • Amount (\$) | 7 rayee address, City, State, Zip | Soute | | | |
| 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 ONLY if direct | Candidate/Officeholder name Office s | L ought Office held | | | |
| expenditure to benefit C/Oh | 1 | Attorney | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| Expenditure from 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office s Garcia, Linda Judge, | ought Office held County Criminal Court | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| Expenditure from 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 <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office s H Black Jr, Ray Judge, | ought Office held County Probate Court | | | |
| | | | | | |

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | Salaries/Wages/Contract Labor ow to complete this form. | OTHER (enter a category not listed above) |
|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 30/64 Rpt: | Houston Region Business Coalition | | 00063767 |
| 4 Date | | | 1 |
| 4 Date | ', | | |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| | | | |
| | | | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this scher | (b) Description | |
| OF | (See Categories listed at the top of this sched | ····· | I outside of Texas. Complete Schedule T. |
| EXPENDITURE | | I - | n, TX, officeholder living expense |
| | | - | |
| | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Of | fice sought | Office held |
| expenditure to benefit C/OI | 1.1 | ounty Attorney | |
| Data | · | | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| | | | |
| | | | |
| Expenditure from corporate funds | | | |
| PURPOSE | (a) Outron | (b) Description | |
| OF | (a) Category (See Categories listed at the top of this sched | · I — | I outside of Texas. Complete Schedule T. |
| EXPENDITURE | | · · · | n, TX, officeholder living expense |
| | | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Of | I fice sought | Office held |
| expenditure to benefit C/O | | arris County Sheriff | Office field |
| | Triox, wince | | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| | | | |
| | | | |
| Expenditure from corporate funds | | | |
| · | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this sched | | |
| EXPENDITURE | | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | L Check ii Addii | ii, iii, oiliceiloidei livilig experise |
| | | | |
| Complete CNII V if alive -t | Condidate/Officeholder 7272 | fine accurate | Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | fice sought | Office held |
| p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 | Radack, Steve Co | ounty Tax Assessor-Col | IECIUI |
| | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | |
|--|---|--|---|------------------------------------|------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Fi | ler ID | (Ethics Commission Filers) |
| | Sch: 31/64 Rpt: | Houston Region Business Coalition | 00 | 0063767 | |
| 4 | Date | 5 Payee name | | | |
| | | (see previous) | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | | | | | |
| Г | T Expenditure from | | | | |
| <u></u> | corporate funds | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | Loutside (| of Texas Com | plete Schedule T. |
| | EXPENDITURE | | | iceholder living | |
| | | | | | |
| | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | ooinat | Office he | |
| | · | Ransey, rolli County Commissioner, Fit | ecinci | County | Commissioner, Precinct |
| | Date | Payee name | | | |
| | Amount (\$) | (see previous) Payee address; City; State; Zip Code | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | | | | | |
| | Expenditure from corporate funds | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | <i>(</i> 0 | |
| | EXPENDITURE | | | or Texas. Com iceholder living | plete Schedule T. expense |
| | | | | | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | | Office he | |
| | experientare to benefit Great | William Carter, Eric Justice of the Peace, Prec | inct 1 | Justice | of the Peace, Precinct 1 |
| | Date | Payee name | | | |
| | - 40 | (see previous) | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | | | | | |
| | Expenditure from corporate funds | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | | | of Texas. Comp iceholder living | plete Schedule T. |
| | | J Ordon Flaces | , | ocholdor ming | Спропос |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office he | eld |
| expenditure to benefit C/OH Delgado, Jo Ann Justice of the Peace, Pr | | | | Justice | of the Peace, Precinct 2 |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide ex | plains how to complete this form. | | |
|--|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 32/64 Rpt: | Houston Region Business Coaliti | on | 00063767 | |
| 4 Date | 5 Payee name | | • | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | |
| | | | | |
| Expenditure from | | | | |
| corporate funds | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) Description | | |
| OF EXPENDITURE | | | el outside of Texas. Complete Schedule T. | |
| | | Cneck if Austi | in, TX, officeholder living expense | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Stephens, Joe | Justice of the Peace, Pred | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| (,) | .,,,, | , p | | |
| | | | | |
| Expenditure from corporate funds | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b) Description | | |
| OF | (See Categories listed at the top of | ······································ | el outside of Texas. Complete Schedule T. | |
| EXPENDITURE | | Check if Austi | in, TX, officeholder living expense | |
| | | | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office held | |
| | Goodwin, Lincoln | Justice of the Peace, Pred | cinct 4 Justice of the Peace, Precinct 4 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| | | | | |
| Expenditure from | | | | |
| corporate funds | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of | · | | |
| EXPENDITURE | | <u> </u> | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense | |
| | | | ,, ccocog cpccc | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Garcia, Israel | Justice of the Peace, Pred | cinct 5 Justice of the Peace, Precinct 5 | |
| | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment | · · | ains how to complete this form. | OTHER (enter a category not isseed above) |
|----------------------------------|---|---------------------------------|---|
| 1 Total pages Schedule F1: | · | <u> </u> | 3 Filer ID (Ethics Commission Filers) |
| Sch: 33/64 Rpt: | Houston Region Business Coalition | n | 00063767 |
| 4 Date | 5 Payee name | | • |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; S | State; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of the | Check if trave | l outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/OI | Trevino III, Victor | Justice of the Peace, Pred | cinct 6 Justice of the Peace, Precinct 6 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (¢) | <u> </u> | State: Zin Code | |
| Amount (\$) | Payee address; City; S | State; Zip Code | |
| | | | |
| Expenditure from corporate funds | | | |
| PURPOSE | (a) Category (See Categories listed at the top of the | nis schedule) (b) Description | |
| OF EXPENDITURE | | | l outside of Texas. Complete Schedule T. |
| _// | | Check if Austi | in, TX, officeholder living expense |
| | | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/OI | ¹ Adams, Wanda | Justice of the Peace, Pred | cinct 7 Justice of the Peace, Precinct 7 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | | State; Zip Code | |
| Amount (ψ) | r dyce dddress, City, | nate, Zip Code | |
| | | | |
| Expenditure from | | | |
| corporate funds | | | |
| PURPOSE | (a) Category (See Categories listed at the top of the | nis schedule) (b) Description | |
| OF EXPENDITURE | | Check if trave | l outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austi | in, TX, officeholder living expense |
| | | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/OI | H Williamson, Holly | Justice of the Peace, Pred | cinct 8 Justice of the Peace, Precinct 8 |
| | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | - | Salaries/Wages/Contract Laborns how to complete this form. | OTHER (enter a category not listed above) |
|---|--|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 34/64 Rpt: | Houston Region Business Coalition | | 00063767 |
| 4 | Date | 5 Payee name | | |
| | | (see previous) | | |
| 6 | Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | |
| | | | | |
| | Expenditure from corporate funds | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this | | |
| | OF EXPENDITURE | | I <u>–</u> | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | | | |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| | expenditure to benefit C/O | Herman, Mark | Constable, Precinct 4 | Constable, Precinct 4 |
| | Date | Payee name | | |
| | | (see previous) | | |
| | Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| | | | | |
| _ | T Expenditure from | | | |
| L | corporate funds | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this | · — | |
| | OF EXPENDITURE | | <u> </u> | outside of Texas. Complete Schedule T. . TX, officeholder living expense |
| | | | Check ii Austin | TX, officeroder living expense |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| | expenditure to benefit C/O | ^H Allbritton, Terry | Constable, Precinct 5 | Constable, Precinct 5 |
| | Date | Payee name | | |
| | | (see previous) | | |
| | Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| | | | | |
| _ | ■ Expenditure from | | | |
| | corporate funds | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this | schedule) (b) Description | |
| | OF EXPENDITURE | | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | | Check ii Austin | TX, Unicertaider living expense |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| | expenditure to benefit C/OI | [†] Sandlin, Phil | Constable, Precinct 8 | Constable, Precinct 8 |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|--|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 35/64 Rpt: | Houston Region Business Coalition 00063767 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/16/2024 | Mammoth Marketing Group LLC | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$30,087.22 | 4500 Bissonnet St | | | | |
| | Suite 370 | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | Check if Austin, TX, officeholder living expense PAC Mail Printing Services and Postage. | | | | |
| | The Mail Finding Services and Fostage. | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/OI | | | | | |
| Date | | | | | |
| Date | Payee name (see previous) | | | | |
| Δ | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | 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/OI | | | | | |
| D-4- | | | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | 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/OI | | | | | |
| | State Representative District 29 | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|-----|---|---|
| 1 | Total pages Schedule F1: Sch: 36/64 Rpt: | 2 FILER NAME Houston Region Business Coalition 3 Filer ID (Ethics Commission Filers) 00063767 |
| 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 |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held Hull, Lacey (Lady) State Representative District 138 State Representative District |
| | Date 10/16/2024 | Payee name Mammoth Marketing Group LLC |
| | Amount (\$) \$64,611.18 Expenditure from corporate funds | Payee address; City; State; Zip Code 4500 Bissonnet St Suite 370 Bellaire, TX 77401 |
| | 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 PAC Endorsement Text Messages. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held Morgan, Matt State Representative District 26 |
| I | Date | Payee name (see previous) |
| | Amount (\$) Expenditure from corporate funds | 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 <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held Hull, Lacey State Representative District 138 |
| | | |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense
Contributions/ Donations Made By - Gitt/Awards/Memorials Expe

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Fift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract La | , | | | | |
|---|---|---|--|--|--|--|
| | The Instruction Guide explains how to complete this for | <u> </u> | | | | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 37/64 Rpt: | Houston Region Business Coalition | 00063767 | | | | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| γunount (Φ) | State, 219 Code | | | | | |
| | | | | | | |
| Expenditure from | | | | | | |
| corporate funds | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descript | ion | | | | |
| OF | | if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Check | if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| expenditure to benefit C/OI | | e District 127 State Representative District | | | | |
| | T Canada Trapisas Indiana | | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from | | | | | | |
| corporate funds | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descript | ion | | | | |
| OF EXPENDITURE | | if travel outside of Texas. Complete Schedule T. | | | | |
| EXI ENDITORE | Check | if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| expenditure to benefit C/OI | H Barry, Jeff State Representative | e District 29 | | | | |
| Date | Payee name | | | | | |
| | Payee name | | | | | |
| 10/26/2024 | Paypal | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$758.06 | P.O. Box 45950 | | | | | |
| | | | | | | |
| Expenditure from corporate funds | Omaha, NE 68145 | | | | | |
| | (4) 0 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descript | | | | | |
| EXPENDITURE | 1003 | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | | |
| | , | redit Card Processing Fees. | | | | |
| | | Toda Cara i 100000mg i 000. | | | | |
| | | 000 | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | |
| | experioritate to periorit O/OFI | | | | | |
| | | | | | | |
| | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | Salaries/Wages/Contrac xplains how to complete this | , | | | |
|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 38/64 Rpt: | Houston Region Business Coali | tion | 00063767 | | | |
| 4 Date | 5 Payee name | | | | | |
| 07/25/2024 | Raconteur Media Company | | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | | | |
| \$36.98 | 101 W. 6th St. | | | | | |
| | Suite 613 | | | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top | of this schedule) (b) Descr | iption | | | |
| OF EXPENDITURE | Advertising Expense | | eck if travel outside of Texas. Complete Schedule T. | | | |
| | | - | eck if Austin, TX, officeholder living expense Website Updates. | | | |
| | | 170 | vvebsite opuates. | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/O | | Office Sought | Office field | | | |
| Date | Payee name | | | | | |
| 08/15/2024 | Raconteur Media Company | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | | |
| \$114.99 | 101 W. 6th St. | | | | | |
| 411 1100 | Suite 613 | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Austin, TX 78701 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | | | | | |
| EXPENDITURE | Fees | | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | | | |
| | | | Website Fees. | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/O | Н | Ç | | | | |
| Date | Payee name | | | | | |
| 10/07/2024 | Raconteur Media Company | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | | |
| \$939.83 | 101 W. 6th St. | , | | | | |
| 4000.00 | Suite 613 | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Austin, TX 78701 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | | | | | |
| EXPENDITURE | Advertising Expense | | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | | | |
| | | | Website Updates. | | | |
| | | | I | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/O | | U.S. Senator | U.S. Senator | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guid | le explains how to co | omplete this form. | | |
|---|----------------------------------|--|-----------------------|--|--|----------------------------|
| 1 | Total pages Schedule F1: | FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 39/64 Rpt: | Houston Region Business Co | alition | | 00063767 | |
| 4 | Date | Payee name | | • | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | Payee address; City; | State; Zip C | ode | | |
| | | | | | | |
| _ | T Expenditure from | | | | | |
| L | corporate funds | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the | top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | | | ı = | side of Texas. Con | |
| | | | | Crieck ii Austin, 12 | X, officeholder living | g expense |
| | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name | Office sou | <u>ı </u> | Office h | eld |
| | expenditure to benefit C/OI | Crenshaw, Dan | U.S. Rep | presentative District | 2 U.S. Re | epresentative District 2 |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | ode | | |
| | | | | | | |
| _ | - Evnanditura from | | | | | |
| L | Expenditure from corporate funds | | | | | |
| | PURPOSE | Category (See Categories listed at the | top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | | | l <u>—</u> | side of Texas. Con X, officeholder living | |
| | | | | Crieck if Austin, 12 | x, officerolder living | g expense |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sou | <u>ı</u> ıght | Office h | eld |
| | expenditure to benefit C/OI | uttrell, Morgan | U.S. Rep | presentative District | 8 | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | ode | | |
| | | | | | | |
| _ | T Expenditure from | | | | | |
| L | corporate funds | | | | | |
| | PURPOSE | Category (See Categories listed at the | top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | | | ı <u>—</u> | side of Texas. Con X, officeholder living | |
| | | | | Check if Austin, 12 | A, officeriolder living | y expense |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sou | ıght | Office h | eld |
| | expenditure to benefit C/OI | lehls, Troy E. | U.S. Rep | presentative District | 22 U.S. Re | epresentative District 22 |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | Salaries/Wages/Contra e explains how to complete thi | | HER (enter a category not listed | above) |
|--|---|---|-----------------------------|---|----------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 File | er ID (Ethics Comm | ission Filers) |
| Sch: 40/64 Rpt: | Houston Region Business Coa | alition | 00 | 0063767 | |
| 4 Date | 5 Payee name | | <u> </u> | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the to | op of this schedule) (b) Desc | cription | | |
| OF EXPENDITURE | | | | f Texas. Complete Schedule T. | |
| | | " | TIECK II AUSUII, TX, OIIIC | ceholder living expense | |
| | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OI | H Babin, Brian | U.S. Representat | ive District 36 | U.S. Representative | District 36 |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | | | | | |
| Evnanditura from | | | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the to | op of this schedule) (b) Desc | cription | | |
| OF EXPENDITURE | | | | f Texas. Complete Schedule T. | |
| | | " | TIECK II AUSUII, TA, OIIIC | ceholder living expense | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OI | Hunt, Wesley P. | U.S. Representat | ive District 38 | U.S. Representative | District 38 |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | | | | | |
| Expenditure from | | | | | |
| corporate funds | | | | | |
| PURPOSE | (a) Category (See Categories listed at the to | | | | |
| OF EXPENDITURE | | | | f Texas. Complete Schedule T. ceholder living expense | |
| | | | nieck ii Austiii, 177, oiic | seriolder living expense | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OI | ^H Craddick, Christi | Railroad Commis | sioner | Railroad Commission | ner |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains h | ow to complete this form. |
|----------------------------------|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 41/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | · |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code |
| | | |
| Expenditure from | | |
| corporate funds | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this sche | dule) (b) Description |
| OF EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Of | I ffice sought Office held |
| expenditure to benefit C/O | 11 | upreme Court Justice Place 2 Supreme Court Justice Place 2 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | | Zip Code |
| ` , | | · |
| | | |
| Expenditure from corporate funds | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sche- | dule) (b) Description |
| OF EXPENDITURE | (coo caasgonee nada at the top of this cone | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Of | ffice sought Office held |
| expenditure to benefit C/OF | | upreme Court Justice District 4 Supreme Court Justice Place 4 |
| Data | | apromo contracado Picario. 1 capromo contracada 1 aco 1 |
| Date | Payee name (see previous) | |
| Δ | , , , | 7in Onde |
| Amount (\$) | Payee address; City; State; | Zip Code |
| | | |
| Expenditure from | | |
| corporate funds | | la. |
| PURPOSE OF | (a) Category (See Categories listed at the top of this sched | dule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| Complete ONLY if direct | | ffice sought Office held |
| expenditure to benefit C/O | H Bland, Jane Si | upreme Court Justice District 6 Supreme Court Justice District 6 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | w to complete this form. | OTHER (enter a category not listed above) | | |
|---|--|--------------------------|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 42/64 Rpt: | Houston Region Business Coalition | | 00063767 | | |
| 4 Date | 5 Payee name | ı | | | |
| | (see previous) | | | | |
| | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | | |
| | | | | | |
| | | | | | |
| Expenditure from corporate funds | | | | | |
| · | (2) 2 | (6) | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | · I — | staids of Taura Countains Calcadula T | | |
| EXPENDITURE | | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | | Check ii / tustin, i | A, officeriolaer fiving expense | | |
| | | | | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ce sought | Office held | | |
| experiulture to beliefft C/Or | Grand Schenck, David J. Co | urt of Criminal Appeals, | Court of Criminal Appeals, | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| | , , | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | |
| | | | | | |
| | | | | | |
| Expenditure from corporate funds | | | | | |
| · | (a) a | (h) p : :: | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | · 1 — | itaida of Tayaa, Campleta Cabadula T | | |
| EXPENDITURE | | · · · | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | | L Check if Additin, i | A, officeriolider living expense | | |
| | | | | | |
| | | | | | |
| Complete ONLY if direct | 1.1 | ce sought | Office held | | |
| expenditure to benefit C/OI | H Paker, Gina Co | urt Of Criminal Appeals, | Court Of Criminal Appeals, | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| - 43 | , , | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | |
| | | | | | |
| | | | | | |
| Expenditure from corporate funds | | | | | |
| · | (4) 0 | (h) p : :: | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | | utside of Texas. Complete Schedule T. | | |
| EXPENDITURE | | | TX, officeholder living expense | | |
| | | L Check ii Austili, i | A Suscindida living expense | | |
| | | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ce sought | Office held | | |
| experiulture to beriefit C/Of | Finley, Lee Co | urt Of Criminal Appeals, | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide ex | | ages/Contract Labor nplete this form. | OTHER (enter a | category not listed above) |
|----------|--|--|--|--|---------------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | <u>- </u> | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 43/64 Rpt: | Houston Region Business Coaliti | on | | 00063767 | |
| 4 | Date | 5 Payee name | | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | |
| | | | | | | |
| _ | T Expenditure from | | | | | |
| <u> </u> | corporate funds | | • | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of | f this schedule) | (b) Description | outside of Texas. Com | nlota Schadula T |
| | EXPENDITURE | | | = | , TX, officeholder living | |
| | | | | _ | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sou | | Office he | |
| | experience to some ex- | Alvarado, Carol | State Ser | nator District 6 | State S | enator District 6 |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | | | | | | |
| Г | Expenditure from | | | | | |
| _ | URPOSE | (a) Catagoni | | (h) Description | | |
| | OF | (a) Category (See Categories listed at the top of | f this schedule) | (b) Description Check if travel | outside of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | Check if Austin | , TX, officeholder living | g expense |
| | | | | | | |
| | Complete ONIL V if direct | Condidate/Office holder record | Office | | Office by | S.I.d. |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Bettencourt, Paul (The Estate of) | Office sou | ator District 7 | Office he | enator District 7 |
| | Data | | | | | |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | 40 | | |
| | Amount (\$) | rayee address, City, | State, Zip Co | ue | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of | f this schodule) | (b) Description | | |
| | OF | (See Categories listed at the top of | i tilis scriedule) | · · · | outside of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | Check if Austin | , TX, officeholder living | g expense |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sou | nht | Office he | ald |
| | expenditure to benefit C/O | | | nator District 17 | | enator District 17 |
| | | , | | | | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 44/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | 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 |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so Harless, E. Sam State Re | ught Office held epresentative District 126 State Representative District |
| Date | Payee name (see previous) | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip C | 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 expenditure to benefit C/O | Candidate/Officeholder name Office so Cunningham, Charles State Ro | ught Office held epresentative District 127 State Representative District |
| Date | Payee name (see previous) | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip C | 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 expenditure to benefit C/O | Candidate/Officeholder name Office so State Re | ught Office held epresentative District 128 State Representative District |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

| Credit Card Payment | The Instruction Guide explains how | to complete this form. | OTTLE (enter a category not isseed above) |
|---|--|------------------------|--|
| 1 Total pages Schedule F1: | | · | 3 Filer ID (Ethics Commission Filers) |
| Sch: 45/64 Rpt: | Houston Region Business Coalition | | 00063767 |
| 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) | Check if trave | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| expenditure to benefit C/OI | 1 | · · | trict 129 State Representative District |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip | Code | |
| γιποαπε (Φ) | r dyce dddress, Oity, Oide, Zip | Couc | |
| | | | |
| Expenditure from corporate funds | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | | _ | el outside of Texas. Complete Schedule T. |
| | | Cneck if Austi | in, TX, officeholder living expense |
| | | | |
| 0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 | 0 " 1 10" 1 1 | | Off. 1 11 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | 1 | sought | Office held |
| | ¹ Oliverson, Tom State | Representative Dist | trict 130 State Representative District |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip | Code | |
| | | | |
| | | | |
| Expenditure from corporate funds | | | |
| | | 100 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | | el outside of Texas. Complete Schedule T. |
| EXPENDITURE | | | in, TX, officeholder living expense |
| | | | , , , , , , , , , , , , , , , , , , , |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| expenditure to benefit C/OI | | | trict 132 State Representative District |
| | State State | oprocontative Dist | 202 Clate (Copiedoritative Biotilot |
| | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | |
|---|--|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ | | | |
| | Sch: 46/64 Rpt: | Houston Region Business Coalition 00063767 | | | | |
| 4 | Date | 5 Payee name | _ | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | Expenditure from corporate funds | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | DeAyala, Mano State Representative District 133 State Representative District | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ | | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | 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/OI | - · · · · · · · · · · · · · · · · · · · | | | | |
| | Date | Payee name | = | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ | | | |
| | γ πιιοσιτίε (ψ) | . ayee add. 500, | | | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | 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 Walle, Armando State Representative District 140 State Representative District | | | | | |
| | | | _ | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Serv | s/Memoriais Ex rices | kpense | Salaries/V | | e /Contract Labor | | OTHER (| | trict category not listed ab | ove) |
|---|---|------------------|----------------|-------------|---------------------------------------|----------------|------------------|------------|---------------------------|---------|------------|--------|---------------------------------|------------|
| | Credit Card Payment | | | The Inst | ruction Guid | de explains | how to co | mple | te this form. | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ē | | | | | | 3 | Filer ID | | (Ethics Commissi | on Filers) |
| | Sch: 47/64 Rpt: | | Houston Re | egion Bu | ısiness Co | alition | | | | | 00063 | 767 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| | | | (see previou | us) | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; C | City; | State | e; Zip Co | ode | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | | | | | | | |
| 8 | PURPOSE | (2) | Catamami | | | | | (h) | Description | | | | | |
| o | OF | ر ^م) | Category (Se | ee Categori | es listed at the | top of this sc | hedule) | (6) | Description Check if tra | | de of Texa | s. Com | olete Schedule T. | |
| | EXPENDITURE | | | | | | | | Check if Au | | | | | |
| | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder | name | | Office sou | ıght | | | Off | ice he | eld | |
| | expenditure to benefit C/OI | Н | Swanson, Va | aloree | | | State Re | pres | entative Di | istrict | 150 Sta | ate R | epresentative [| District |
| | Date | | Payee name | | | | | | | | | | | |
| | | | (see previou | us) | | | | | | | | | | |
| | Amount (\$) | ┢ | Payee addre | ss: C | City; | State | e; Zip Co | ode | | | | | | |
| | (,) | | ., | , | - 57 | | , , | | | | | | | |
| | | | | | | | | | | | | | | |
| Г | Expenditure from corporate funds | | | | | | | | | | | | | |
| | | (-) | | | | | | (1-) | | | | | | |
| | PURPOSE OF | (a) | Category (Se | ee Categori | es listed at the | top of this sc | hedule) | (a) | Description Check if tra | | de of Texa | s Comi | olete Schedule T. | |
| | EXPENDITURE | | | | | | | | Check if Au | | | | | |
| | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder | name | | Office sou | ıght | | | Off | ice he | eld | |
| | expenditure to benefit C/OI | Η (| Caughey, Je | nnifer | | | Court Of | App | eals, Justic | ce Pla | ce | | | |
| | Date | | Payee name | | | | | | | | | | | |
| | | | (see previou | us) | | | | | | | | | | |
| | Amount (\$) | \vdash | Payee addre | | City; | State | e; Zip Co | nde | | | | | | |
| | 7 uno une (4) | | . ayoo aaa.o | | , , , , , , , , , , , , , , , , , , , | June | , <u>-</u> .p oc | | | | | | | |
| | | | | | | | | | | | | | | |
| Г | Expenditure from corporate funds | | | | | | | | | | | | | |
| | | ļ., | | | | | | <i>a</i> > | | | | | | |
| | PURPOSE OF | (a) | Category (Se | ee Categori | es listed at the | top of this sc | hedule) | (b) | Description Check if tra | | de of Texa | s Comi | olete Schedule T. | |
| | EXPENDITURE | | | | | | | | Check if Au | | | | | |
| | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder | name | | Office sou | ıght | | | Off | ice he | eld | |
| | expenditure to benefit C/OH Johnson, Andrew Court Of Appeals, Justice Place | | | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 48/64 Rpt: | Houston Region Business Coalition 00063767 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| | ■ Evnonditure from | | | | | |
| L | Expenditure from corporate funds | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | 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 sought Office held | | | | |
| 9 | expenditure to benefit C/O | | | | | |
| | | Worgan, Clint | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| | - Company distance from the | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | experialitate to beliefit 6/01 | Guiney, Kristin M. Court Of Appeals, Justice Place | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OH Dokupil, Susanna Court Of Appeals, Justice Place | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------------|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 49/64 Rpt: | Houston Region Business Coalition 00063767 |
| 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 ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | Bridges, Chad Court Of Appeals, Justice Place |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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/OF | McLaughlin, Tonya Court Of Appeals, Justice Place |
| | Date | Payee name (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | Expenditure from corporate funds | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | 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/OF | Antu, Marita Michele Court Of Appeals, Justice Place |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 50/64 Rpt: | Houston Region Business Coalition 00063767 | |
| 4 Date | 5 Payee name | |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | | |
| | | |
| Expenditure from corporate funds | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | 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 Office held | |
| experience to serious eye | H Boatman, Katy Court Of Appeals, Justice Place | |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| | | |
| Expenditure from corporate funds | | |
| PURPOSE | (b) Description | _ |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | H Hart, Brad Court Of Appeals, Justice Place | |
| Date | Payee name | _ |
| Date | (see previous) | |
| | | _ |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| Expenditure from | | |
| corporate funds | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | |
| 2/1 2/15/10/12 | Check if Austin, TX, officeholder living expense | |
| | | |
| | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| experiantific to beliefft 6/0 | Copeland, Nile Bailey District Judge District 11 | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 51/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| | (see previous) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| , | |
| | |
| Expenditure from corporate funds | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | Shuchart, Lee Kathryn District Judge District 61 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| Expenditure from | |
| corporate funds | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | Aston, Sonya L. District Judge District 80 |
| Date | Payee name |
| Date | |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| Expenditure from | |
| corporate funds | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|---|---|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 52/64 Rpt: | Houston Region Business Coalition 00063767 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| | experionare to benefit C/Or | Landrum, Michael District Judge District 133 | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | . , | | | | | |
| | | | | | | |
| Г | Expenditure from | | | | | |
| _ | corporate funds | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | 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/O | | | | | |
| | Data | • | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| _ | T Expenditure from | | | | | |
| | corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | LXFLINDITORL | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | |
| | Experiorities to benefit C/OH Bain, Bruce District Judge District 165 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to con | mplete this form. | | |
|---|---|--|--------------------------|--|----------------------------|
| 1 | Total pages Schedule F1: Sch: 53/64 Rpt: | FILER NAME Houston Region Business Coalition | | Filer ID 00063767 | (Ethics Commission Filers) |
| 4 | Date | 5 Payee name (see previous) | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| | Expenditure from corporate funds | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | le of Texas. Compofficeholder living | |
| 9 | Complete ONLY if direct expenditure to benefit C/ON | Candidate/Officeholder name Office sour H Detoto, Emily Munoz District Ju | ght udge District 177 | Office he | ld |
| | Date | Payee name (see previous) | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | | |
| | Expenditure from corporate funds | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | = | le of Texas. Compofficeholder living | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sour H Milliron, Nathan J. District Ju | ght udge District 215 | Office he | ld |
| | Date | Payee name (see previous) | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Co | de | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | = | le of Texas. Comp officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office south H Staley, Brian District Ju | ght udge District 333 | Office he | ld |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 54/64 Rpt: | Houston Region Business Coalition 00063767 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | Expenditure from corporate funds | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | |
| | experialiture to benefit C/Or | Oncken, Michele District Judge District 338 | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | , | | | | | |
| | | | | | | |
| Г | Expenditure from | | | | | |
| _ | corporate funds | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | 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/O | | | | | |
| | Data | - | | | | |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | | |
| _ | T Expenditure from | | | | | |
| | corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | |
| | DeAngelo, Lori District Judge District 487 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salarie: The Instruction Guide explains how to | s/Wages/Contract Labor OTHER (enter a category not listed above) complete this form. |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 55/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | ' |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip (| Code |
| , , | | |
| | | |
| Expenditure from corporate funds | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. |
| _,, _,,,,,,, | | Check if Austin, TX, officeholder living expense |
| | | |
| O Commission ONLY if allowed | Out district Office health a resure | Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so Peneguy, Matthew District | ought Office held Judge District 488 |
| <u> </u> | Peneguy, Matthew District | Judge District 400 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip (| Code |
| | | |
| | | |
| Expenditure from corporate funds | | |
| PURPOSE | (a) 0-4 | (b) Description |
| OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office so | ought Office held |
| expenditure to benefit C/O | H Lemkuil, Dan District | Judge District 507 |
| Date | Payee name | |
| Batto | (see previous) | |
| Λ ο (Φ) | | Ondo |
| Amount (\$) | Payee address; City; State; Zip (| Code |
| | | |
| Expenditure from | | |
| corporate funds | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | |
| | | 1 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | |
| SAPORGICATO TO DOTTONE O/OI | Simons, Dan District | Attorney |
| | | |
| | | |
| i | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/N The Instruction Guide explains how to co | Vages/Contract Labor OTHER (enter a category not listed above) omplete this form. |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 56/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 Date | 5 Payee name | • |
| | (see previous) | |
| C A (A) | <u> </u> | -1- |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| | | |
| | | |
| Expenditure from corporate funds | | |
| | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | | 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 sou | ight Office held |
| expenditure to benefit C/O | 1.1 | County Criminal Court |
| | | |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Co | nde |
| γ αποσιπε (ψ) | Layer and see, Sity, State, Lip of | |
| | | |
| Expenditure from | | |
| corporate funds | | |
| PURPOSE | (a) Cotogon | (b) Description |
| OF | (a) Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ~ |
| expenditure to benefit C/O | ^H Black Jr, Ray Judge, C | County Probate Court |
| Date | Payee name | |
| Date | | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| | | |
| | | |
| Expenditure from | | |
| corporate funds | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF | | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | L aght Office held |
| expenditure to benefit C/O | | |
| | H Smith, Jacqueline Lucci County A | шонсу |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide ex | xplains how to com | plete this form. | | |
|---|--|---|--------------------------|------------------------|-----------------------|--------------------------------------|
| 1 | Total pages Schedule F1: Sch: 57/64 Rpt: | FILER NAME Houston Region Business Coalit | ion | | 3 Filer ID 0006376 | (Ethics Commission Filers) |
| 4 | Date | 5 Payee name (see previous) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; | State; Zip Cod | e | | |
| | Expenditure from corporate funds | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | | outside of Texas. C | Complete Schedule T. ving expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Honox, Mike | Office soug Sheriff | ht | Office | e held |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Cod | e | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | = | outside of Texas. C | Complete Schedule T. ving expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Radack, Steve | Office soug County Ta | ht x Assessor-Colle | Office | e held |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) Expenditure from | Payee address; City; | State; Zip Cod | е | | |
| L | corporate funds | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | = | outside of Texas. C | Complete Schedule T. ving expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Ramsey, Tom | Office soug County Co | | Office ecinct Cour | held hty Commissioner, Precinct |
| | | | | | | |

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/Ar
Candidate/Officeholder/Political Committee Legal

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

| Credit Card Payment | The Instruction Guide explains h | how to complete this form. | OTTLER (enter a category not listed above) |
|----------------------------------|---|----------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | <u> </u> | 3 Filer ID (Ethics Commission Filers) |
| Sch: 58/64 Rpt: | Houston Region Business Coalition | | 00063767 |
| 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 sche | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name C | I Office sought | Office held |
| expenditure to benefit C/Oh | | ustice of the Peace, Prec | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | | Office sought | Office held |
| expenditure to benefit C/OI | ¹ Delgado, Jo Ann J | ustice of the Peace, Prec | sinct 2 Justice of the Peace, Precinct 2 |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sche | | |
| OF EXPENDITURE | | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | | Office sought | Office held |
| expenditure to benefit C/OI | ¹ Stephens, Joe J | ustice of the Peace, Prec | sinct 3 Justice of the Peace, Precinct 3 |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete | this form. |
|---|--|---|--|
| 1 | Total pages Schedule F1: Sch: 59/64 Rpt: | FILER NAME Houston Region Business Coalition | 3 Filer ID (Ethics Commission Filers) 00063767 |
| 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) D | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Goodwin, Lincoln Justice of the F | Office held Peace, Precinct 4 Justice of the Peace, Precinct 4 |
| | Date | Payee name (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| L | corporate funds | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) D | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H Garcia, Israel Justice of the F | Office held Peace, Precinct 5 Justice of the Peace, Precinct 5 |
| | Date | Payee name (see previous) | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) D | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Trevino III, Victor Justice of the F | Office held Peace, Precinct 6 Justice of the Peace, Precinct 6 |
| | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

| | Candidate/Officenoider/Politica Credit Card Payment | | Salaries/wages e explains how to comple | | THER (enter a category not listed a | above) |
|---|--|---|--|---------------------|---|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 F | iler ID (Ethics Commis | sion Filers) |
| | Sch: 60/64 Rpt: | Houston Region Business Coa | alition | C | 0063767 | |
| 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 to | op of this schedule) (b) | = | of Texas. Complete Schedule T. ficeholder living expense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| | expenditure to benefit C/O | ^H Adams, Wanda | Justice of the | e Peace, Precinct 7 | Justice of the Peace, | Precinct 7 |
| | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | op of this schedule) (b) | = | of Texas. Complete Schedule T. ficeholder living expense | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| | expenditure to benefit C/OI | ^H Williamson, Holly | Justice of the | e Peace, Precinct 8 | 3 Justice of the Peace, | Precinct 8 |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the to | op of this schedule) (b) | Description | | |
| | OF EXPENDITURE | | | 브 | of Texas. Complete Schedule T. ficeholder living expense | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sought | | Office held | |
| | expenditure to benefit C/O | Herman, Mark | Constable, P | recinct 4 | Constable, Precinct 4 | 1 |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 61/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 | Date | 5 Payee name |
| | | (see previous) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | | |
| | - " | |
| | Expenditure from corporate funds | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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 sought Office held |
| 9 | expenditure to benefit C/O | |
| | _ | |
| | Date | Payee name |
| | | (see previous) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | |
| _ | T Expenditure from | |
| L | corporate funds | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | 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/O | |
| | | |
| | Date | Payee name |
| | 07/25/2024 | Rothfelder & Falick, L.L.P |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,562.50 | 1201 Louisiana |
| _ | Expenditure from | Suite 550 |
| | corporate funds | Houston, TX 77002 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Legal Services Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense PAC Legal Fees. |
| | | FAC Legal Fees. |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to comp | plete this form. |
|--|--|---|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 62/64 Rpt: | Houston Region Business Coalition | 00063767 |
| 4 Date 08/15/2024 | 5 Payee name Rothfelder & Falick, L.L.P | |
| 6 Amount (\$) \$1,212.50 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE | 7 Payee address; City; State; Zip Code 1201 Louisiana Suite 550 Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Legal Services | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Legal Fees. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough H | nt Office held |
| Date | Payee name | |
| 09/12/2024 | Rothfelder & Falick, L.L.P | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,000.00 | 1201 Louisiana | |
| Expenditure from corporate funds | Suite 550 Houston, TX 77002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Legal Fees. |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ot Office held |
| Date | Payee name | |
| 08/21/2024 | Square Up | |
| Amount (\$) \$1.40 Expenditure from corporate funds | Payee address; City; State; Zip Code 901 Mission St Suite 210 San Francisco, CA 94103 | , |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Credit Card Processing Fees. |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | nt Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 63/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| 09/30/2024 | Square Up |
| 6 Amount (\$) \$20.74 | 7 Payee address; City; State; Zip Code 901 Mission St |
| φ20.74 | |
| Expenditure from | Suite 210 |
| corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | PAC Credit Card Processing Fees. |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/10/2024 | Stellar Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$55.00 | 6363 Woodway Dr |
| | Suite 100 |
| Expenditure from corporate funds | Houston, TX 77057 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | PAC Bank Fees. |
| | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/09/2024 | Stellar Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$55.00 | 6363 Woodway Dr |
| - " | Suite 100 |
| Expenditure from corporate funds | Houston, TX 77057 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | PAC Bank Fees. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Optionalons Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 64/64 Rpt: | Houston Region Business Coalition 00063767 |
| 4 Date | 5 Payee name |
| 09/10/2024 | Stellar Bank |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$55.00 | 6363 Woodway Dr |
| | Suite 100 |
| Expenditure from corporate funds | Houston, TX 77057 |
| 8 PURPOSE | (4) - |
| OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | PAC Bank Fees. |
| | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 10/10/2024 | Stellar Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$55.00 | 6363 Woodway Dr |
| | Suite 100 |
| Expenditure from corporate funds | Houston, TX 77057 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | PAC Bank Fees. |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | H |
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