FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056575 3 COMMITTEE NAME **OFFICE USE ONLY** Pipe Fitters Local Union 211 Political Action Committee Date Received **ELECTRONICALLY FILED** 09/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1301 West 13th Street Suite A Change of Address Deer Park, TX 77536 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Bryan K. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Edwards** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1301 W. 13th St. Ste. A. STREET **ADDRESS** (Residence or Business) Deer Park, TX 77536 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1301 W. 13th St. Ste. A. MAILING **ADDRESS** Change of Address Deer Park, TX 77536 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 644-5521 x633 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Pipe Fitters Local Union	n 211 Political Action C	ommittee	000565	75
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mark Salinas Galveston Count	y Sheriff	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	53,164.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	169,068.28
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that th nation requ	ne accompanying report is iired to be reported by me
		Mr. Bryan I	K. Edward	ds .
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of o	officer administering oath

2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ipe Fitters Local Union 2	211 Political Action Co	mmittee			00056575	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cassandra He	rnandez State Re	L epresentative	
(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	l			
		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.)		Marc LaHood	State Representa	tive	
(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.)		Lacey Hull Sta	ate Representative)	
(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.)					

					Page 4 of 24
				13 Filer ID	(Ethics Commission Filers)
211 Political Action Co	ommittee			00056575	
Candidates (Identify by name or, if applicable, classify by party.)		Phil King State S	Senator	,	
	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.))				
Candidates (Identify by name or, if applicable, classify by party.)		Carol Alvarado	State Senator		
	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.)					
1. Candidates	A. Supported	Brent Hagenbun	ch State Senato	or	
	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					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 5. Opposed 6. Opposed 7. A. Supported 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 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.) B. Opposed 3. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported Brent Hagenbun (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Opposed 4. Supported Brent Hagenbun (Identify by name or, if applicable, classify by party.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by parry.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Carol Alvarado State Senator Carol Alvarado State Senator Carol Alvarado State Senator Carol Alvarado State Senator B. Opposed A. Supported Carol Alvarado State Senator B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) B. Opposed 3. Officeholders Assisted A. Supported Brent Hagenbunch State Senator B. Opposed B. Opposed 3. Opposed A. Supported Brent Hagenbunch State Senator B. Opposed B. Opposed B. Opposed	2. Measures (Jeersibe by date and location desire) B. Opposed 2. Measures (Jeersibe by date and location of election and nature of issue.) A. Supported Phill King State Senator B. Opposed A. Supported Phill King State Senator B. Opposed A. Supported Carol Alvarado State Senator 3. Officeholders Assisted (Jeersibe by date and location of election and nature of issue.) B. Opposed A. Supported Carol Alvarado State Senator Carol Alvarado State Senator B. Opposed A. Supported Carol Alvarado State Senator Jeersibe by date and location of election and nature of issue.) B. Opposed A. Supported Carol Alvarado State Senator Jeersibe by date and location of election and nature of issue. B. Opposed A. Supported Senator Senator Jeersibe by date and location of election and nature of issue. J. Candidates (Jeersib by party). B. Opposed A. Supported Brent Hagenbunch State Senator Jeersibe by date and location of election and nature of issue. A. Supported Brent Hagenbunch State Senator Jeersibe Brent Hagenbunch State Senator

2 COMMITTEE NAME				42 Files ID	Page 5 of 24
2 COMMITTEE NAME	44 Delitical Action Co			13 Filer ID	(Ethics Commission Filers)
ripe Fitters Local Union 21				00056575	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell State Representat	tive	
(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 applicable, classify by party.)) 			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf State Represent	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			
	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	Terry Wilson State Represer	ntative	
(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.)				

						Page 6 of 24
2 COMMITTEE NAME		*			13 Filer ID	(Ethics Commission Filers)
ipe Fitters Local Union 2:	11 Political Action Co	mmittee			00056575	5
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Matt Morgan	State Represer	ntative	
(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 applicable, classify by party.)	,				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry St	tate Representat	tive	
(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	Candidates		Mitch Little	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Witton Little	Julio Ropress	жи ч с	
(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 pame or, if					
	(Identify by name or, if applicable, classify by party.)	,				

2 00MMTTEE NAME					40 5115	Page 7 of 24
2 COMMITTEE NAME	44 5 100 14 00	•			13 Filer ID	(Ethics Commission Filers)
ipe Fitters Local Union 2	11 Political Action Co	mmittee			00056575	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mihaela Plesa	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach Sta	ate Representative	;	
(Attach lists on plain paper to complete this report if necessary.)	1	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	A. Supported	Dan Patrick L	ieutenant Governo)r	
	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.))				

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12 COMMITTEE NAME		<u> </u>			13 Filer ID	(Ethics Commission Filers)
Pipe Fitters Local Union 2:	11 Political Action Co	ommittee			00056575	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kyle Carter Distric	t Judge		
(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.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brandon Willis Pct	t 1 County Con	nmissioner	
(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	Sophia Benavides	Cameron Cou	inty Commissio	oner Pct 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.))				

						Page 9 of 24
2 COMMITTEE NAME	44 Dalitical Astica Oc	:			13 Filer ID	(Ethics Commission Filers)
pe Fitters Local Union 2					00056575	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		l Ken King State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported	i			
	(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.)	<u> </u>				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Stan Lambert	State Representa	tive	
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and leasting of plotting and leasting and leasting of plotting and leasting and leasting of plotting and leasting of plotting and leasting of plotting and leasting an	A. Supported	ı			
	location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	David Spiller S	State Representati	ive	
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	A. Supported	I			
	location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	,				

						Page 10 of 24
12 COMMITTEE NAME				13	Filer ID	(Ethics Commission Filers)
Pipe Fitters Local Union 21	L1 Political Action Co	ommittee			00056575	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes State So	enator		
(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.)		Brandon Creighton Sta	ate 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.)		Charles Schwertner St	tate 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.)					
	applicable, classify by party.)	l				

						Page 11 of 24
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Pipe Fitters Local Union 2:	11 Political Action Co	ommittee			00056575	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichols State	e 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hazel Jones Crimina	al District Co	urt 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				
	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	Morgan La Mantia Si	tate Senato	r	
(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.)					
)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 12 of 24 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Pipe Fitters Local Union 211 Political Action Committee 00056575 14 COMMITTEE 1. Candidates A. Supported Lesley Briones Harris County Commissioner Pct 4 **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 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.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				13 of 24
		EE NAME s Local Union 211 Political Action Committee	18 Filer ID 00056575	(Ethics Commission Filers)
		SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 53,164.49
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 1/11 Rpt: 14/24		Pipe Fitters	Local Union 21	1 Political A	ction Co	omn	nittee		00056575	
4	Date	5	Payee name								
	09/13/2024		ALVARADO	, CAROL							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$2,000.00		909 TEXAS	SUITE 716							
Г	Expenditure from corporate funds		HOUSTON,	TX 77002							
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				=		de of Texas. Com	
	ZA ZIIDII GRZ		Candidate/0	Officeholder/Poli	tical Comm	ittee		—	ı, TX,	officeholder living	j expense
								Senate			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	O	office sou	ıght			Office he	eld
	Date		Payee name								
	09/13/2024		BENAVIDE	S, SOFIA							
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Co	ode				
	\$2,500.00		9901 Califor		otato,	p					
	Ψ2,300.00		JJOI Callo	IIIa Di							
	Expenditure from corporate funds		BROWNSV	ILLE, TX 78521							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				-		de of Texas. Com	
	ZA ZIIDII GRZ		Candidate/0	Officeholder/Poli	tical Comm	ittee		ш		officeholder living	
								Cameron Co	unty	y Commissio	oner Pct 1
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	С	office sou	ıght			Office he	eld
	Date		Payee name								
	09/13/2024		Bell, Keith								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	nde				
	\$500.00		PO Box 117		2000,	., 50					
	4000.00		. O DOX 11.	9							
	Expenditure from corporate funds		Forney, TX	75126							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma						de of Texas. Com	
			Candidate/0	Officeholder/Poli	itical Comm	ittee		_		officeholder living	g expense
								State Repres	ent	alive	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	С	office sou	ıght			Office he	eld
	Superiorde to belieff 0/01	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
Sch: 2/11 Rpt: 15/24	Pipe Fitters Local Union 211 P	00056575									
4 Date	5 Payee name										
09/03/2024	Briones, Lesley										
\$2,500.00	Payee address; City; State; Zip Code PO Box 56386										
Expenditure from corporate funds	Houston, TX 77256										
8 PURPOSE OF EXPENDITURE	Contributions/Donations Made	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel of this schedule) Check if Austin, Harris County									
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held								
Date	Payee name										
09/13/2024	Carter, Kyle										
Amount (\$)	Payee address; City;	State; Zip Code									
\$500.00	4900 Fournace PI										
- Formanditura from	Suite 560										
Expenditure from corporate funds	Bellaire, TX 77401										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 125th District Court Judge										
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name I	Office sought	Office held								
Date	Payee name										
09/13/2024	Creighton, Brandon										
Amount (\$) \$1,000.00	Payee address; City; 2257 N Loop 336	State; Zip Code									
Suite 140-366											
Expenditure from corporate funds	Conroe, TX 77304										
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description									
OF EXPENDITURE	Contributions/Donations Made Candidate/Officeholder/Politica	- Dy	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 16/24	Pipe Fitters Local Union 211 Political Action Committee 00056575
4 Date	5 Payee name
09/13/2024	Curry, Pat
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	State Representative
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/O	
Date	Payee name
09/13/2024	Hagenbuch, Brent
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2800 Shoreline Dr
	#310
Expenditure from corporate funds	Denton, TX 76210
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Senate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Date	Payee name
09/13/2024	Hernandez, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1289
Expenditure from	
corporate funds	Addison, TX 75001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	State Representative
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
4. Tatalmana O. I. I. T.									
1 Total pages Schedule F1: Sch: 4/11 Rpt: 17/24	2 FILER NAME Pipe Fitters Local Union 211 Political Action Committee 3 Filer ID (Ethics Commission Filers) 00056575								
4 Date	5 Payee name								
09/13/2024	Hughes, Bryan								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,000.00	PO Box 450								
Expenditure from corporate funds	Mineola, TX 75773								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.								
EXPENDITURE	Candidate/Officeholder/Political Committee								
	Texas Senate								
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/Oi									
Date	Payee name								
09/13/2024	Hull, Lacey								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	PO Box 19231								
Expenditure from corporate funds	Houston, TX 77224								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	Candidate/Officeholder/Political Committee								
	State Nopressinative								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI	y								
Date	Payee name								
09/09/2024	Jones, Hazel								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	1900 West Gray								
	Unit 131558								
Expenditure from corporate funds	Houston, TX 77219								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
EXPENDITORE	Candidate/Officeholder/Political Committee								
	174th Criminal Court Judge								
Operation Children	Our file to 10 ff as halden many								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
,									

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

Contributions/ Donations Made B 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: 5/11 Rpt: 18/24	Pipe Fitters Local Union 211 Political Action Committee 00056575							
4 Date	5 Payee name							
09/13/2024	King, Ken							
6 Amount (\$)	7 Payee address; City; State; Zip Code	_						
\$1,000.00	PO Box 517							
. ,								
Expenditure from corporate funds	Canadian , TX 79014							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Contributions/Donations Made By							
EXPENDITURE	Candidate/Officeholder/Political Committee							
	State Representative							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
Date	Payee name	=						
09/13/2024	King, Phil							
Amount (¢)	<u> </u>	_						
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 1913							
Expenditure from corporate funds	Weatherford, TX 76086							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
EXPENDITURE	Candidate/Officeholder/Political Committee							
	Senate							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name	=						
09/03/2024	LAMANTIA, MORGAN							
		_						
Amount (\$)	Payee address; City; State; Zip Code							
\$5,000.00	1324 E MADISON							
Expenditure from corporate funds	BROWNSVILLE, TX 78520							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Contributions/Donations indue By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
	State Senate							
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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 19/24	Pipe Fitters Local Union 211 Political Action Committee 00056575
4 Date	5 Payee name
09/13/2024	LAMBERT, STAN
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 3752
φ500.00	FO BOX 3732
Expenditure from corporate funds	ABILENE, TX 79604
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	State Representative
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/13/2024	LaHood, Marc
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4014 McCullough Ave
Expenditure from	
corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Giale Hepressmanie
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/13/2024	Leach, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 866186
Expenditure from	
corporate funds	Plano, TX 75086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	State Representative
	State Happed State Sp. 555 matrix
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 7/11 Rpt: 20/24	Pipe Fitters Local Union 211 Political Action Committee 00056575
4 Date	5 Payee name
09/13/2024	Little, Mitch
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1505 Elm St
	Suite 1601
Expenditure from corporate funds	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	State Representative
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/13/2024	Metcalf, Will
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense State Representative
	State Representative
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/13/2024	Morgan, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 359
	Ste 130
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Candidate/Officeholder/Political Committee
	State Representative
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
experialture to benefit C/C	п
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense State Representative Candidate/Officeholder name Office sought Office held

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Contributions/ Donations Made By Candidate/Officeholder/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: 8/11 Rpt: 21/24	Pipe Fitters Local Union 211 Political Action Committee 00056575								
4 Date	5 Payee name								
09/13/2024	Nichols, Robert								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,000.00	PO Box 2347								
Expenditure from corporate funds	Jacksonville, TX 75766								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
	Candidate/Officeholder/Political Committee								
	Texas Seriale								
O Commission ONLL V if disease	Condidate/Officeholder name Office sought Office hold								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
·									
Date	Payee name								
09/12/2024	Patrick, Dan								
Amount (\$)	Payee address; City; State; Zip Code								
\$2,500.00	PO Box 685085								
Expenditure from corporate funds	Austin, TX 78768								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
LAPENDITORE	Candidate/Officeholder/Political Committee								
	Lt Govenor								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
09/13/2024	Plesa, Mihaela								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	PO Box 796311								
Expenditure from corporate funds	Dallas, TX 75248								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.								
EVENDIIOKE	Candidate/Officeholder/Political Committee								
	State Representative								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
oxponditure to benefit 6/01	·								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Candidate/Officeholder/Politica Credit Card Payment		
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: 9/11 Rpt: 22/24	Pipe Fitters Local Union 211 Political Action Committee 00056575	
4 Date	5 Payee name	
09/18/2024	Salinas, Mark	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	2409 Kelson Cove Dr	
Expenditure from corporate funds	Texas City, TX 77568	
8 PURPOSE	<u> </u>	_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Sheriff Galveston County	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	=
09/13/2024	Schwertner, Charles	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	PO Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	State Senate	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
09/13/2024	Spiller, David	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	PO Box 447	
Expenditure from corporate funds	Jacksboro, TX 76458	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	State Representative	
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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1 Total pages Schedule F1:										
Sch: 10/11 Rpt: 23/24	Pipe Fitters Local Union 211 Political Action Committee 00056575									
4 Date	5 Payee name									
09/11/2024	TEXAS GULF COAST AFL-CIO WPP									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$10,000.00	2506 SUTHERLAND									
Expenditure from corporate funds	Houston, TX 77023									
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Contributions/Donations Made By									
EXPENDITORE	Candidate/Officeholder/Political Committee									
	Political Education									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
experialitire to beliefit C/O										
Date	Payee name									
09/04/2024	United Association Pac Fund									
Amount (\$)	Payee address; City; State; Zip Code									
\$11,664.49	Three Park Place									
Expenditure from										
corporate funds	Annapolis, TX 21401									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Contributions/Donations Made By									
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense PAC Fund									
	PAC Fullu									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O	Ÿ .									
Date	Payee name									
09/13/2024	Willis, Brandon									
Amount (\$)	Payee address; City; State; Zip Code									
\$1,000.00	P O BOX 21462									
Expenditure from										
corporate funds	Beaumont, TX 77720									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Contributions/Donations Made By									
EXI ENDITORE	Candidate/Officeholder/Political Committee									
	Pct 1 County Commissioner									
Complete ONLY if direct	Candidate/Officeholder name Office sought									
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)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı	nmittee	Legal S	vards/Memoria Services	ls Expense Guide explains		xpens Vages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
_	Tatal manage Cabadula F1.	_			- Isti uction	- Suide explains	, 110W to co	· · · · ·		12	Files ID	(Ethics Commission Filers	, ·
ľ	Total pages Schedule F1:	2				44 D. III I	A		***	3		(Ethics Commission Filers	5)
L	Sch: 11/11 Rpt: 24/24		Pipe Fitters	Loca	i Union 2	11 Political	Action Co	omn	iittee		00056575		
4	Date	5	Payee name	•									
l	09/13/2024		Wilson, Ter	rry									
6	Amount (\$)	7	Payee addre	ess:	City;	State	e; Zip Co	ode					
ľ	\$500.00	-	PO Box 23		,		-,,						
l	Ψ300.00		1 O BOX 25	02									
╟	T Expenditure from												
┞	corporate funds		Georgetow	n, TX	78627								
8	PURPOSE	(a)	Category (S	See Cate	gories listed a	the top of this so	hedule)	(b)	Description				
	OF		Contributio				,			outs	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/				nittee		_		, officeholder livin	g expense	
									State Repres	sen	tative		
9	Complete ONLY if direct		Candidate/Off	iceholo	der name		Office sou	ıght			Office h	eld	
l	expenditure to benefit C/OI	Н						Ū					
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