#### 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) 00024835 3 COMMITTEE NAME **OFFICE USE ONLY** Zions Bancorporation, N.A. dba Amegy Bank Date Received **ELECTRONICALLY FILED** 10/03/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1717 West Loop South Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77027-3003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ryan NAME NICKNAME LAST **SUFFIX** Hightower STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1717 West Loop South STREET **ADDRESS** 23rd Floor (Residence or Business) Houston, TX 77056 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1717 West Loop South MAILING **ADDRESS** 23rd Floor Houston, TX 77056 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 406-5657 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **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 09/26/2024 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) |  |  |
|---|---|--|-----------------|--|--|--|
| Zions Bancorporation, N.A. dba Amegy Bank                           |   |  |                 |  |  |  |
| 14 COMMITTEE<br>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  B. Opposed   |                 |  |  |  |
|   | Officeholders     Assisted (Identify by name or, if applicable, classify by party.)           | The Honorable Lesley Briones   | Harris Count    | y Commissioner Pct. 4                  |  |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M   | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 0.00                                   |  |  |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE  | L CONTRIBUTIONS<br>DGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 0.00                                   |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED   | POLITICAL EXPENDITURES   | \$              | 0.00                                   |  |  |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$              | 18,000.00                              |  |  |
| CONTRIBUTION<br>BALANCE   | l l   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   |                 |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |  |                 | 0.00                                   |  |  |
| 16 AFFIDAVIT  |   |  | <u> </u>        |  |  |  |
|   |   | I swear, or affirm, under penalty of per<br>true and correct and includes all inforn<br>under Title 15, Election Code.               |                 |  |  |  |
|   |   | Ryan Hi  | ghtower         |  |  |  |
|   |   | Signature of Can   | npaign Treasur  | er                                     |  |  |
| AFFIX NOTAR   | RY STAMP / SEAL ABOVE   |  |                 |  |  |  |
| Sworn to and subscribe  | ed before me, by the said   | , th   | is the          | day                                    |  |  |
|   |   | which, witness my hand and seal of office.   |                 | •                                      |  |  |
|   |   |  |                 |  |  |  |
| Signature of officer a  | administering oath  | Printed name of officer administering oath   | Title of office | er administering oath                  |  |  |

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 3 of 7

|   |   |              |                               | rage 3 or r                            |
|---|---|--------------|-------------------------------|--|
| 12 COMMITTEE NAME   |   |              |                               | 13 Filer ID (Ethics Commission Filers) |
| Zions Bancorporation, N   | N.A. dba Amegy Ban  | k            |                               | 00024835                               |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates (Identify by name or, if applicable, classify by party.)                  | A. Supported |                               |  |
| (Attach lists on plain paper to complete this report if necessary.)       |   | B. Opposed   |                               |  |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.)   | A. Supported |                               |  |
|   |   | B. Opposed   |                               |  |
|   | Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)    |              | The Honorable Grant Moody Pro | ecinct 3 Commissioner of Bexar County  |
| COMMITTEE<br>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<br>(Describe by date and<br>location of election and<br>nature of issue.)   | A. Supported |                               |  |
|   |   | B. Opposed   |                               |  |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)      |              | The Honorable Joan Huffman S  | tate Senator                           |
| COMMITTEE<br>ACTIVITY   | Candidates (Identify by name or, if applicable, classify by party.)                     | A. Supported |                               |  |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |   | B. Opposed   |                               |  |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.)   | A. Supported |                               |  |
|   |   | B. Opposed   |                               |  |
|   | Officeholders     Assisted     (Identify by name or, if applicable, classify by party.) |              | The Honorable Adrian Garcia H | arris County Precinct 2 Commissioner   |
|   |   |              |                               |  |

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC

| PURPOSE   |  |              |                              |                | Page 4 of 7                |
|---|--|--------------|------------------------------|----------------|----------------------------|
|   |  |              |                              |                |                            |
| 12 COMMITTEE NAME   | MA disability Assessed Description                                     | •            |                              | 13 Filer ID    | (Ethics Commission Filers) |
| Zions Bancorporation, N   |  |              |                              | 00024835       |                            |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |                              |                |                            |
| (Attach lists on plain paper to complete this report if necessary.) |  | B. Opposed   |                              |                |                            |
|   | Measures    (Describe by date and location of election and             | A. Supported |                              |                |                            |
|   | nature of issue.)  | B. Opposed   |                              |                |                            |
|   | Officeholders     Assisted   |              | The Honorable Marc Whyte San | Antonio City C | Council                    |
|   | (Identify by name or, if applicable, classify by party.)               |              |                              |                |                            |
|   |  |              |                              |                |                            |

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

|  |                             | 5 of 7                     |
|--|-----------------------------|----------------------------|
| 17 COMMITTEE NAME Zions Bancorporation, N.A. dba Amegy Bank                | <b>18</b> Filer ID 00024835 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE                                    | SUBTOTAL AMOUNT             |                            |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           |                             | \$                         |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             |                             | \$                         |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                       |                             | \$                         |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION    | LABOR                       | \$                         |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COF              | RPORATION OR                | \$                         |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR                 | RORGANIZATION               | \$                         |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR L<br>ORGANIZATION | ABOR                        | \$                         |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LA                | ABOR ORGANIZATION           | \$                         |
| 9. SCHEDULE E: LOANS   |                             | \$                         |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU          | JTIONS                      | \$ 18,000.00               |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                               |                             | \$                         |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR              | RIBUTIONS                   | \$                         |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                          |                             | \$                         |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR            | IBUTIONS                    | \$                         |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER  | IONS RETURNED               | \$                         |
|  |                             |                            |
|  |                             |                            |
|  |                             |                            |
|  |                             |                            |
|  |                             |                            |
|  |                             |                            |

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | 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: 1/2 Rpt: 6/7                                      | Zions Bancorporation, N.A. dba Amegy Bank 00024835  |  |  |  |  |  |
| 4 Date   | 5 Payee name  |  |  |  |  |  |
| 09/04/2024   | Briones, Lesley (Commissioner)  |  |  |  |  |  |
| 6 Amount (\$)<br>\$2,500.00                            | 7 Payee address; City; State; Zip Code PO Box 56386   |  |  |  |  |  |
| Expenditure from corporate funds                       | Houston, TX 77256   |  |  |  |  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|  | Candidate/Officeholder/Political Committee  |  |  |  |  |  |
|  | fundraising reception   |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| Date   | Payee name  |  |  |  |  |  |
| 08/15/2024   | Garcia, Adrian (Commissioner)   |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
| \$1,500.00   | P.O Box 56386   |  |  |  |  |  |
| Expenditure from corporate funds                       | Houston, TX 77256   |  |  |  |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|  | Candidate/Officeholder/Political Committee  |  |  |  |  |  |
|  | campaign contribution   |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| Date   | Payee name  |  |  |  |  |  |
| 09/23/2024   | Huffman, Joan (Sen.)  |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |
| \$2,500.00   | 16010 Barkers Point Ln  |  |  |  |  |  |
|  | Suite 265   |  |  |  |  |  |
| Expenditure from corporate funds                       | Houston, TX 77079   |  |  |  |  |  |
| PURPOSE<br>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  |  |  |  |  |  |
|  | Contribution to attend reception  |  |  |  |  |  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |
| expenditure to benefit C/OI                            | 1   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consultung Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                 | Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>Legal Services<br>The Instruction Guide | ense Pr<br>Sa     |          | ense<br>ges/Contract Labor | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed above) |
|---|-----------------|---|-------------------|----------|----------------------------|---|--------------------------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME    |   |                   |          | -                          | 3 Filer ID  | (Ethics Commission Filers)           |
| Sch: 2/2 Rpt: 7/7   |                 | -<br>orporation, N.A. db  | a Amegy B         | ank      |                            | 00024835  | (                                    |
| 4 Date  | 5 Payee name    |   |                   |          |                            |   |                                      |
| 08/23/2024  | Moody, Gra      | nt (Commissioner)   |                   |          |                            |   |                                      |
| 6 Amount (\$)   | 7 Payee addre   | ss; City;   | State; Z          | Zip Cod  | <br>e                      |   |                                      |
| \$1,000.00  | 101 W Nue       | va  |                   |          |                            |   |                                      |
|   | Suite 1007      |   |                   |          |                            |   |                                      |
| Expenditure from corporate funds  | San Antonio     | o, TX 78205   |                   |          |                            |   |                                      |
| 8 PURPOSE   | (a) Category (a |   |                   | [0       | b) Description             |   |                                      |
| OF  |                 | ee Categories listed at the tons/Donations Made   |                   | le)      | `                          | outside of Texas. Com                                     | plete Schedule T.                    |
| EXPENDITURE   |                 | Officeholder/Politica   |                   | ee       | <b>=</b>                   | n, TX, officeholder living                                |                                      |
|   |                 |   |                   |          | reelection do              | onation   |                                      |
|   |                 |   |                   |          |                            |   |                                      |
| Complete ONLY if direct expenditure to benefit C/OI   |                 | ceholder name   | Offic             | ce sougl | nt                         | Office he   | eld                                  |
| Date  | Payee name      |   |                   |          |                            |   |                                      |
| 07/19/2024  | Texas Bank      | ers Association Ba  | ınkPac            |          |                            |   |                                      |
| Amount (\$)   | Payee addre     | ss; City;   | State; Z          | Zip Code | <del></del>                |   |                                      |
| \$10,000.00   | 203 W 10th      | -   | ,                 |          |                            |   |                                      |
| <b>+_0,000.00</b>   |                 |   |                   |          |                            |   |                                      |
| Expenditure from corporate funds  | Austin, TX      | 78701   |                   | _        |                            |   |                                      |
| PURPOSE   | (a) Category (S | ee Categories listed at the to  | p of this schedul | le) (I   | Description                |   |                                      |
| OF<br>EXPENDITURE   |                 | ns/Donations Made   |                   |          | <u> </u>                   | outside of Texas. Com                                     |                                      |
|   | Candidate/      | Officeholder/Politica   | al Committe       | ee       | ш                          | n, TX, officeholder living                                | ey advocate on behalf of             |
|   |                 |   |                   |          | banking indu               |   | ey auvocate on benan or              |
| Complete ONLY if direct expenditure to benefit C/OI   |                 | ceholder name   | Offic             | ce sougl | nt                         | Office he   | eld                                  |
| Date  | Payee name      |   |                   |          |                            |   |                                      |
| 07/12/2024  | Whyte, Mar      | С   |                   |          |                            |   |                                      |
| Amount (\$)   | Payee addre     | ss; City;   | State; Z          | Zip Cod  | e                          |   |                                      |
| \$500.00  | 100 Military    | Plaza   |                   |          |                            |   |                                      |
|   | ·               |   |                   |          |                            |   |                                      |
| Expenditure from corporate funds  | San Antonio     | o, TX 78205   |                   |          |                            |   |                                      |
| PURPOSE   | I               | ee Categories listed at the to  |                   | le) (I   | Description                |   |                                      |
| OF<br>EXPENDITURE   |                 | ns/Donations Made   |                   |          | ш                          | outside of Texas. Com                                     | ·                                    |
|   | Candidate/0     | Officeholder/Politica   | al Committe       | ee       | reelection co              | n, TX, officeholder living                                | expense                              |
|   |                 |   |                   |          | reelection co              | , italibution   |                                      |
| Complete ONLY if direct   | Candidata/Off   | ceholder name   | Offic             | ce sougl | nt .                       | Office he   | old                                  |
| expenditure to benefit C/OI   |                 | centiuei name   | OIIIC             | sougi    | ıı                         | Office fie  | วเน<br>                              |
|   |                 |   |                   |          |                            |   |                                      |
|   |                 |   |                   |          |                            |   |                                      |
|   |                 |   |                   |          |                            |   |                                      |