

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

| | | | |
|---|--|---|----------------------------------|
| The SPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088435 | 2 Total pages filed: 9 |
| 3 COMMITTEE NAME End Paxton Corruption | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 10/01/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1617 Throwbridge Lane Plano, TX 75023 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR FIRST MI Ms. Mary B. | |
| | | NICKNAME LAST SUFFIX Sisson | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1617 Throwbridge Lane Plano, TX 75023 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1617 Throwbridge Lane Plano, TX 75023 | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (425) 471-9681 | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | |
| 10 PERIOD COVERED | | Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024 | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

| | | | | | | | | | |
|---|--|---|----------------------------------|----------------------|------|--|-------|-----|------|
| 12 COMMITTEE NAME End Paxton Corruption | | 13 Filer ID (Ethics Commission Filers) 00088435 | | | | | | | |
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder | CANDIDATE / OFFICEHOLDER NAME Sen. Angela Paxton OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Senator | | | | | | | |
| | <input type="checkbox"/> Measure | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">BALLOT IDENTIFICATION / #</td> <td style="padding: 5px;">ELECTION DATE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Month</td> <td style="padding: 5px; text-align: center;">Day</td> <td style="padding: 5px; text-align: center;">Year</td> </tr> </table> </td> </tr> </table> | BALLOT IDENTIFICATION / # | ELECTION DATE | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Month</td> <td style="padding: 5px; text-align: center;">Day</td> <td style="padding: 5px; text-align: center;">Year</td> </tr> </table> | Month | Day | Year |
| | BALLOT IDENTIFICATION / # | ELECTION DATE | | | | | | | |
| | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Month</td> <td style="padding: 5px; text-align: center;">Day</td> <td style="padding: 5px; text-align: center;">Year</td> </tr> </table> | Month | Day | Year | | | | |
| Month | Day | Year | | | | | | | |
| | DESCRIPTION | | | | | | | | |
| | | | | | | | | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 8,084.02 | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 16,168.04 | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 11,497.87 | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 22,995.74 | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 | | | | | | | |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Ms. Mary B. Sisson
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
3 of 9

| | |
|---|---|
| 17 COMMITTEE NAME End Paxton Corruption | 18 Filer ID (Ethics Commission Filers) 00088435 |
|---|---|

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 16,168.04 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 22,995.74 |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9 |
| 2 FILER NAME End Paxton Corruption | | 3 Filer ID (Ethics Commission Filers) 00088435 |
| 4 Date 07/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary 6 Contributor address; City; State; Zip Code Plano, TX 75023 | 7 Amount of Contribution (\$) \$2,746.97 |
| 8 Principal occupation / Job title (See Instructions) writer | | 9 Employer (See Instructions) Mary Sisson |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$5,337.05 |
| Principal occupation / Job title (See Instructions) writer | | Employer (See Instructions) Mary Sisson |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 1/5 Rpt: 5/9 | 2 FILER NAME End Paxton Corruption | 3 Filer ID (Ethics Commission Filers) 00088435 |
| 4 CREDIT CARD ISSUER | Name of financial institution Capital One | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,497.87 |
| 6 PAYMENT | (a) Amount Charged \$392.48 | (b) Date of Charge 09/16/2024 |
| 7 PAYEE | (a) Payee name U.S. Postal Service | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Postage for mailers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| PAYMENT | (a) Amount Charged \$97.01 | (b) Date of Charge 09/16/2024 |
| PAYEE | (a) Payee name U.S. Postal Service | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| PAYMENT | (a) Amount Charged \$340.74 | (b) Date of Charge 09/16/2024 |
| PAYEE | (a) Payee name U.S. Postal Service | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|---|-------------------------------------|---|---|
| 1 | Total pages Schedule F4: Sch: 2/5 Rpt: 6/9 | 2 | FILER NAME End Paxton Corruption | 3 | Filer ID (Ethics Commission Filers) 00088435 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,497.87 |
| 6 | PAYMENT | (a) Amount Charged \$417.90 | (b) Date of Charge 09/17/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$313.32 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$103.03 | (b) Date of Charge 09/19/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F4: Sch: 3/5 Rpt: 7/9 | 2 FILER NAME End Paxton Corruption | 3 Filer ID (Ethics Commission Filers) 00088435 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,497.87 |
| 6 PAYMENT | (a) Amount Charged \$359.03 | (b) Date of Charge 09/19/2024 |
| 7 PAYEE | (a) Payee name U.S. Postal Service | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Postage for mailers |
| | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| PAYMENT | (a) Amount Charged \$1,095.82 | (b) Date of Charge 09/24/2024 |
| PAYEE | (a) Payee name U.S. Postal Service | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 |
| | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| PAYMENT | (a) Amount Charged \$5,337.05 | (b) Date of Charge 08/06/2024 |
| PAYEE | (a) Payee name UPrinting | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Payee address; City, State, Zip Code 8000 Haskell Ave Van Nuys, CA 91406 |
| | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political 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 F4: Sch: 4/5 Rpt: 8/9 | 2 | FILER NAME End Paxton Corruption | 3 | Filer ID (Ethics Commission Filers) 00088435 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,497.87 |
| 6 | PAYMENT | (a) Amount Charged \$486.81 | (b) Date of Charge 09/17/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$156.32 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | | |
| PURPOSE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| PAYMENT | (a) Amount Charged \$177.95 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | | |
| PURPOSE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|----------------------------------|---|--|
| 1 Total pages Schedule F4: Sch: 5/5 Rpt: 9/9 | | 2 FILER NAME End Paxton Corruption | | 3 Filer ID (Ethics Commission Filers) 00088435 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,497.87 | |
| 6 PAYMENT | | (a) Amount Charged \$414.56 | (b) Date of Charge 09/18/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| | | | | Office held | |
| PAYMENT | | (a) Amount Charged \$1,052.11 | (b) Date of Charge 09/23/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| | | | | Office held | |
| PAYMENT | | (a) Amount Charged \$753.74 | (b) Date of Charge 09/25/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name U.S. Postal Service | | (b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW Washington, DC 20260 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage for mailers | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| | | | | Office held | |