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) 00069549 3 COMMITTEE NAME **OFFICE USE ONLY** Pediatrix Medical Group, Inc. Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 10/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1301 Concord Terrace Date Hand-delivered or Date Postmarked Change of Address Sunrise, FL 33323 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Justin NAME NICKNAME LAST **SUFFIX Phillips** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 205 Pennsylvania Ave. SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 205 Pennsylvania Ave. SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 905-9070 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Pediatrix Medical Gro	oup, Inc. Texas Political A	Action Committee	00069549	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Angelia Orr State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	54,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	103,196.20
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	-		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Justi	in Phillips	
		Signature of Car	mpaign Treasure	r
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	his 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 office	administering oath

FORM GPAC ADDENDUM

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ITTEE NAME rix Medical Group ITTEE TY lists on plain o complete this f necessary.)	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Sen. Charles Schwertner State	00069549	ommission Filers)
ITTEE TY lists on plain o complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and	A. Supported B. Opposed	Sen. Charles Schwertner State		
TY lists on plain o complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and	B. Opposed		Senator	
o complete this	(Describe by date and location of election and				
	(Describe by date and location of election and	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
ITTEE	1. Candidates		Rep. Lacey Hull State Represe	ntative	
TY	(Identify by name or, if applicable, classify by party.)		Nep. Latey Hull State Neprese	itative	
lists on plain o complete this f 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.)				
ITTEE TY	Candidates (Identify by name or, if	A. Supported	Sen. Juan Hinojosa State Sena	tor	
lists on plain o complete this f 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				
•	TY lists on plain o complete this	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY 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	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY 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 3. Officeholders Assisted	B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Sen. Juan Hinojosa State Sena B. Opposed B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted	B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE TY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Sen. Juan Hinojosa State Senator B. Opposed A. Supported B. Opposed B. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Pediatrix Medical Group	, Inc. Texas Political	Action Comm	ittee	00069549
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mary Gonzalez State R	epresentative
	(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.)		Rep. Toni Rose State Repres	sentative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		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	Rep. Greg Bonnen State Rep	presentative
	(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 GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Pediatrix Medical Group	, Inc. Texas Political	Action Comm	nittee	00069549	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. David Spiller State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Sen. Lois Kolkhorst State Senat	tor	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Cen. 2013 Noinhorst Chate Centar	.01	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Joan Huffman State Senat	or	
	(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.)				

FORM GPAC ADDENDUM

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							Fage 0 01 12
COMMITTEE NAME	Inc. Toyes Dalla's d	^	etion C			13 Filer ID	(Ethics Commission Filers)
Pediatrix Medical Group), Inc. Texas Political	A	ction Comm	nittee		00069549	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Sen. Donna Ca	ampbell State Ser	nator	
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
	2. Measures	Α.	Supported				
	(Describe by date and location of election and nature of issue.)		Сарронов				
		B.	Opposed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	Α.	Supported	Dan Patrick Li	ieutenant Governo	r	
ACTIVITY	(Identify by name or, if applicable, classify by party.)						
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
		B.	Opposed				
	Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMITTEE NAME18 Filer IDPediatrix Medical Group, Inc. Texas Political Action Committee00069549	(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 LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS	\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 54,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10,000.00

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

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: 1/4 Rpt: 8/12	Pediatrix Medical Group, Inc. Texas Political Action 00069549	
4 Date	5 Payee name	
09/25/2024	Angelia Orr For Texas House	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 113	
Expenditure from corporate funds	Itasca, TX 76055-0113	
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	
	Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benefit 6/61		
Date	Payee name	
09/25/2024	David Spiller for Texas Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	PO Box 447	
Expenditure from corporate funds	Jacksboro, TX 76458-0447	
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	
	Political Contribution	
0 1 0 0 1 0 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
'		_
Date	Payee name	
09/25/2024	Friends of Donna Campbell	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	1308 Common St.	
	Suite 2015, Box 719	
Expenditure from corporate funds	New Braunfels, TX 78130-3557	
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	
	Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to belieff C/O	•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 2/4 Rpt: 9/12	Pediatrix Medical Group, Inc. Texas Political Action 00069549
4 Date	5 Payee name
09/25/2024	Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77549-1183
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
	Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/25/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
Ψ1,000.00	1 O BOX 13231
Expenditure from corporate funds	Houston, TX 77224-9231
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continuution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/Oi	
Date	Payee name
09/25/2024	Lois W. Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 2546
, ,,,,,,,,	
Expenditure from corporate funds	Brenham, TX 77834-2546
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
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	•

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 By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 3/4 Rpt: 10/12	2 FILER NAME3 Filer ID(Ethics Commission Filers)Pediatrix Medical Group, Inc. Texas Political Action00069549
4 Date	5 Payee name
09/25/2024	Mary Gonzalez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from	
corporate funds	Clint, TX 79836-0450
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.
	Candidate/Officeholder/Political Committee
	Political Continution
O Commission ONLL V if disease	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol	
Date	Payee name
09/25/2024	Senator Juan Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	612 W. Nolana
	Suite 410
Expenditure from corporate funds	McAllen, TX 78504-3089
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 ontical contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/25/2024	Texans for Charles Schwertner
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627-2448
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
	Political Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	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

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: 4/4 Rpt: 11/12	Pediatrix Medical Group, Inc. Texas Political Action 00069549
4 Date	5 Payee name
09/25/2024	Texans for Dan Patrick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	PO Box 685085
Expenditure from corporate funds	Austin, TX 78768-5085
8 PURPOSE	
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
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/25/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	3733-1 Westheimer #40
Expenditure from corporate funds	Houston, TX 77027-5226
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
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	1
Date	Payee name
09/25/2024	Toni Rose Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 41867
Expenditure from corporate funds	Dallas, TX 75241-0867
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
	Political Contribution
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pediatrix Medical Group, Inc. Texas Political Action Committee 00069549 5 Name of person from whom amount is received 8 Amount (\$) 07/01/2024 \$10,000.00 Dade Phelan Campaign 6 Address of person from whom amount is received; City; State; Zip Code Nederland, TX 77627 Purpose for which amount is received Check if political contribution returned to filer Void of 1.16.24 Contribution