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) 00080288 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of UT Southwestern Medical Center Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12900 Preston Road, Ste. 1210 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75230 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Margaret O. NAME NICKNAME LAST **SUFFIX** Jackson Au.D STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12900 Preston Road, Ste. 1210 STREET **ADDRESS** (Residence or Business) Dallas, TX 75230 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12900 Preston Road, Ste. 1210 MAILING **ADDRESS** Dallas, TX 75230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 505-3900 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)
Friends of UT South	western Medical Center		00080288	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott Governor		
(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.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	138,319.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	188,626.87
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Margaret C). Jackson Au	ı.D
		Signature of Car	npaign Treasui	rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned before me, by the said _	, th	nis 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 offic	er administering oath
orginature of officer	administering ball		THIC OF OHIC	o. administering oddi

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Friends of UT Southwes	stern Medical Center				00080288	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick I	Lieutenant Governo	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.)					
	COMMITTEE	1. Candidates	A. Supported	Dade Phelan	State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dade i neidii	State Representati	100	
	(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	Glenn Hegar	Comptroller		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Friends of UT South	western Medical Center	-		00080288
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Venton Jones State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer 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.)		Angie Chen Button State Repre	esentative
(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			

FORM GPAC ADDENDUM

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			1 490 0 01 20
2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Friends of UT Southweste		estern Medical Center	00080288
ACTIVITY	rted Chris Turner State Ro	Candidates (Identify by name or, if applicable, classify by party.)	/e
(Attach lists on plain paper to complete this report if necessary.)	ed		
(I	rted	2. Measures (Describe by date and location of election and nature of issue.)	
	ed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	rted Giovanni Capriglione	1. Candidates	esentative
ACTIVITY	olotaliii oapiigiiolio	(Identify by name or, if applicable, classify by party.)	
(Attach lists on plain paper to complete this report if necessary.)	ed		
(I	rted	2. Measures (Describe by date and location of election and nature of issue.)	
	ed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE 1 ACTIVITY (rted Toni Rose State Rep	Candidates (Identify by name or, if applicable, classify by party.)	
(Attach lists on plain paper to complete this report if necessary.)	ed		
(I	rted	2. Measures (Describe by date and location of election and nature of issue.)	
	ed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
2 (k n		(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	

FORM GPAC ADDENDUM

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission File	ers)
Friends of UT South	western Medical Center	-			00080288		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach Sta	ate Representativ	e		
(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	1. Candidates	A. Supported	Charlie Geren	State Represent	ative		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Charle Geren	otate represent	ative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Trent Ashby S	itate Representat	ive		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	Assisted (Identify by name or, if						

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Friends of UT Southwes	stern Medical Center				00080288	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter	State Representati	I ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Grea Ronnen	State Representa	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Oreg Donnen	State Representa	uve	
	(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	Royce West S	State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Friends of UT Southwes	stern Medical Center			00080288	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Lois Kolkhorst State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		2015 NOINTOISE State Scriutor		
	(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	Nathan Johnson State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM GPAC ADDENDUM

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			13 Filer ID	(Ethics Commission Filers)
estern Medical Center	•		00080288	
Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman 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 applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker 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 name)				
	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	(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.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	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 (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Tan Parker State Senator B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Tan Parker State Senator B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	astern Medical Center 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 (Identify by name or, if applicable, classify by party.) 3. Opposed A. Supported Tan Parker State Senator Clescribe 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, possible or party) B. Opposed

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

	10 of 20					
	17 COMMITTEE NAME18 Filer IDFriends of UT Southwestern Medical Center00080288					
	E 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	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
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 CONTRIBUTION:	S	\$ 138,285.00			
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 34.70			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 7,000.00			

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/8 Rpt: 11/20	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
09/19/2024	Ashby Campaign, Trent
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution
	Tollical Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
09/19/2024	Bonnen Campaign, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	405 David
Expenditure from corporate funds	Friendswood, TX 77546
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Button Campaign, Angie Chen
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	6914 Clear Springs Circle
Expenditure from corporate funds	Garland, TX 75044
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Folitical Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 12/20	2 FILER NAME Friends of UT Southwestern Medical Center 3 Filer ID (Ethics Commission Filers) 00080288
4 Date	5 Payee name
09/19/2024	Capriglione Campaign, Giovanni
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1352 Ten Bar Trail
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Geren Campaign, Charlie
Amount (¢)	Payee address; City; State; Zip Code
Amount (\$)	
\$500.00	P.O. Box 1440
- Cynonditure from	
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Cotagon (h) Deceription
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 Austin, TX, officeholder living expense
	Political Contribution
	Total Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Hegar Campaign, Glenn
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	815-A Brazos Street, #389
(- 7	
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
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 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 13/20	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
09/19/2024	Hunter Campaign, Todd
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	445 Cape Henry
Expenditure from corporate funds	Corpus Christi, TX 78412
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/19/2024	Johnson Campaign, Nathan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 670994
Expenditure from corporate funds	Dallas, TX 75367
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/OI	
Date	Payee name
09/19/2024	Jones Campaign, Venton
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1075 Griffin Street West, Suite 212
Expenditure from	
corporate funds	Dallas, TX 75215
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 14/20	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
09/19/2024	Kolkhorst Campaign, Lois
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
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/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Leach Campaign, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	800 Glen Rose Drive
Expenditure from corporate funds	Allen, TX 75013
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
	1 onlical contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Dato	Davisa nama
Date 09/12/2024	Payee name MOJ Consulting, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	12900 Preston Road, Suite 1210
Expenditure from corporate funds	Dallas, TX 75230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Retainer - administration/management of committee
Operation Children	Open Highest (Office health are now as a constant of the const
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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Forms provided by Tayas F	thics Commission WARM athics state type Varsion VA 1.0 A9da51f7

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
	,				
1 Total pages Schedule F1: Sch: 5/8 Rpt: 15/20	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of UT Southwestern Medical Center 00080288				
4 Date	5 Payee name				
09/19/2024	Meyer Campaign, Morgan				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$4,000.00	3838 Oak Lawn Avenue, Suite 400				
- "					
Expenditure from corporate funds	Dallas, TX 75219				
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				
Date	Payee name				
07/26/2024					
	Pair, Laurie				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,050.00	P.O. Box 5908				
Evponditure from					
Expenditure from corporate funds	Austin, TX 78763				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Report preparation services for cmte - reported on Schedule F2 in prior report				
	on Schedule F2 in phorteport				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
07/26/2024	Pair, Laurie				
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 5908				
\$235.00	F.O. DUA 3900				
Expenditure from corporate funds	Austin, TX 78763				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
EAFEINDITURE	Check if Austin, TX, officeholder living expense				
	Report preparation services for committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experiorare to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 16/20	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
09/19/2024	Parker Campaign, Tan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 271741
— Foresedit ve from	
Expenditure from corporate funds	Flower Mound, TX 75027
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 Check if Austin, TX, officeholder living expense Political Contribution
	1 onucai Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davida marea
09/19/2024	Payee name Phelan Campaign, Dade
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 5990
\$15,000.00	P.O. Box 5990
Expenditure from	A
corporate funds	Austin, TX 78763
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
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/19/2024	Rose Campaign, Toni
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 41867
Expenditure from corporate funds	Dallas, TX 75241
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
Operation Children	Out light 10ff on helder warms Office and the Control of the Contr
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/8 Rpt: 17/20	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
09/19/2024	Texans for Dan Patrick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50,000.00	1 East Greenway Plaza, Suite 225
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Texans for Greg Abbott
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 308
Evponditure from	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	3733-1 Westheimer Road, Suite 40
Expenditure from corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	, Gillian Garinisano.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1: Sch: 8/8 Rpt: 18/20	2 FILER NAME Friends of UT Southwestern Medical Center 3 Filer ID (Ethics Commission Filers) 00080288				
4 Date	5 Payee name				
09/19/2024	Texans for Kelly Hancock SPAC				
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 4908 Dory Court				
70,000					
Expenditure from corporate funds	North Richland Hills, TX 76180				
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				
	Political Contribution				
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OI					
Date	Payee name				
09/19/2024	Turner Campaign, Chris				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 182093				
Expenditure from corporate funds	Arlington, TX 76096				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Folitical Contribution				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	G				
Date	Payee name				
09/19/2024	West Campaign, Royce				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	320 South R.L. Thornton Freeway, Suite 220				
Expenditure from corporate funds	Dallas, TX 75203				
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 ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 19/20 Friends of UT Southwestern Medical Center 00080288 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/26/2024 FedEx Amount (\$) Payee address; City; State; Zip Code \$34.70 P.O. Box 660481 Expenditure from Dallas, TX 75266-0481 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Overnight delivery service for committee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

CCL	FD		_	k
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The Instruction Guide explains how to complete this form		pages Schedule K: 1/1 Rpt: 20/20		
2 FILER NAME 3 Filer		3 Filer I	D (Ethics Commis	sion Filers)
		0008	00080288	
4 Date	5 Name of person from whom amount is received	1	8 Amount (\$)	
09/26/2024	Hancock Campaign, Kelly			\$5,000.00
	6 Address of person from whom amount is received; City; State; Zip Code			
	Richland Hills, TX 76118			
			tribution returned to	filer
	Check voided: political contribution to candidate made & reported in prior p	eriod rem	ains uncashed	
Date	Name of person from whom amount is received		Amount (\$)	
09/26/2024	Johnson Campaign, Nathan			\$2,000.00
	Address of person from whom amount is received; City; State; Zip Code			
	Dallas, TX 75367			
		olitical con	I tribution returned to	filor
	Check voided: political contribution to candidate made & reported in prior p			IIICI