#### 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) 00016225 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Speech, Language & Hearing Assn. PAC Date Received **ELECTRONICALLY FILED** 10/02/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 700 Lavaca, Ste. 1400 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Corrie NAME NICKNAME LAST **SUFFIX** Cavada STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4839 Brandeis STREET **ADDRESS** 1124 (Residence or Business) San Antonio, TX 78249 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 11615 Creek Ash MAILING **ADDRESS** San Antonio, TX 78253 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 876-1349 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 10/01/2024 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)
Texas Speech, Langua	ge & Hearing Assn. PA	c	00016225	
14 COMMITTEE 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 nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Angela Paxton State Sen	ator	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	14,651.43
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Corr	ie Cavada	
		Signature of Car	mpaign Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	is the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 3 of 8

						rage 3 01 0
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Speech, Languaç	ge & Hearing Assn. F	PAC		00016225	
	COMMITTEE 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 (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.)		Sen. Ryan Guillen State Senato	r	
	COMMITTEE 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 (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.)		Sen. Morgan LaMantia State Se	enator	
	COMMITTEE 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 (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.)		Sen. Joan Huffman State Senat	or	

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 4 of 8

			13 Filer ID	(Ethics Commission Filers)
ıge & Hearing Assn. F	PAC		00016225	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	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.)		Rep. Alma Allen State Represer	ntative	
Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported			
	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.)		Rep. Todd Hunter State Repres	entative	
Candidates  (Identify by name or, if	A. Supported			
	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.)		Sen. Judith Zaffirini State Senat	tor	
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted  3. Officeholders     Assisted	Candidates (Identify by name or, if applicable, classify by party.)	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  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  4. Supported  A. Supported  A. Supported  A. Supported  A. Supported  A. Supported  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Clearly by name or, if applicable, classify by party.)  B. Opposed	1. Candidates density by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location or youth or you have not applicable, classify by party.)  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  Conscribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Condition of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  Condition of election and nature of issue.  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  Condition of election and nature of issue.  B. Opposed  A. Supported  Condition of election and nature of issue.  B. Opposed  A. Supported  Condition of election and nature of issue.  B. Opposed  A. Supported  Condition of election and nature of issue.  B. Opposed

### **SUBTOTALS - GPAC**

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

			5 of 8
17 COMMIT	TEE NAME peech, Language & Hearing Assn. PAC	<b>18</b> Filer ID 00016225	(Ethics Commission Filers)
	LE SUBTOTALS	00010223	CURTOTAL AMOUNT
NAME O	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 CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 10,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Gift/Av	Зeverage Expense vards/Memorials Expense Services Instruction Guide explains I		pense ages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/3 Rpt: 6/8	Texas Speech, I	_anguage & Hearing As	ssn. PAC		00016225	
4	Date	5 Payee name				•	
	09/11/2024	Allen, Alma (Rep	o.)				
6	Amount (\$)	7 Payee address;	City; State;	Zip Cod	de		
	\$1,000.00	Room 4N.10					
		P.O. Box 2910					
	Expenditure from corporate funds	Austin, TX 7876	8				
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		onations Made By	,		outside of Texas. Com	
	EXI ENDITORE	Candidate/Office	eholder/Political Comm	ittee	<b>—</b>	n, TX, officeholder living	expense
					campaign co	minibulion	
9	Complete ONLY if direct	Candidate/Officeho	dor namo C	office souc	, ht	Office he	ald.
9	expenditure to benefit C/O		dei name - C	mice soug	jiit.	Office fie	eru.
	Date	Payee name					
	09/11/2024	Guillen, Ryan (S	en.)				
	Amount (\$)	Payee address;	City; State;	Zip Cod	de		
	\$2,000.00	Room 3N.6					
_	Expenditure from	P.O. Box 2910					
L	corporate funds	Austin, TX 7876	8				
	PURPOSE	(a) Category (See Cate	egories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		onations Made By			outside of Texas. Comp	
		Candidate/Office	eholder/Political Comm	ittee	campaign co	n, TX, officeholder living	expense
					campaign co	minibation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehol	der name C	office soug	ght	Office he	eld
	Date	Payee name					
	09/11/2024	Huffman, Joan (	Sen.)				
	Amount (\$)	Payee address;	•	Zip Cod	de		
	\$1,000.00	P.O. Box 12068	Capitol Station				
	Expenditure from corporate funds	Austin, TX 7871	1				
	PURPOSE	(a) Category (See Cate	egories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		onations Made By		ш	outside of Texas. Comp	
	-	Candidate/Office	eholder/Political Comm	ittee	Check if Austin	n, TX, officeholder living antribution	expense
					Jampaigii 60		
	Complete ONLY if direct	Candidate/Officehol	der name C	office soug	ıht	Office he	eld
	expenditure to benefit C/OI				,	223.110	
L							

### 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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/3 Rpt: 7/8	Texas Speech, Language & Hearing Assn. PAC 00016225
4 Date	5 Payee name
09/11/2024	Hunter, Todd (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Room 1W.5
Expenditure from	P.O. Box 2910
corporate funds	Austin, TX 78768
8 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/Officenoider/Political Committee Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2024	LaMantia, Morgan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 12068 Capitol Station
Expenditure from corporate funds	Austin, TX 78711
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
	campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2024	Paxton, Angela (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 12068, Capitol Station
Expenditure from corporate funds	Austin, TX 78711
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/Officeroider/Political Committee campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Gift/Award mittee Legal Serv	erage Expense Is/Memorials Expense vices cruction Guide explains		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2		<u> </u>	•		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 8/8			nguage & Hearing A	Assn. PAC			00016225	
4	Date	5	Payee name						
	09/11/2024		Zaffirini, Judith (Se	n.)					
6	Amount (\$)	7	Payee address; (	City; State	; Zip Code				
	\$2,000.00		P.O. Box 627						
	Expenditure from corporate funds		Laredo, TX 78042						
8	PURPOSE	(a)	Category (See Categori	ies listed at the top of this sch	nedule) (b	<b>)</b> Description			
	OF EXPENDITURE		Contributions/Dona					ide of Texas. Comp	
			Candidate/Officeho	older/Political Comm	nittee	_		, officeholder living	expense
						campaign c	OHUH	DULION	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholdei	r name (	Office sough	i		Office he	ld