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) 00085036 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Organizing Project Political Action Committee Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 120296 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78212 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven NAME NICKNAME LAST **SUFFIX** Halvorson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1013 W. Ellaine Ave. STREET **ADDRESS** (Residence or Business) Pasadena, TX 78212 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1013 W. Ellaine Ave. MAILING **ADDRESS** Pasadena, TX 78212 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 894-3521 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)			
Texas Organizing Proje	ect Political Action Com	mittee	00085036	5	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Javier Salazar Bexar County S	Sheriff		
(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.)				
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	\$	945,306.50		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00		
	4. TOTAL POLITICA	\$	922,949.55		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,193,856.27	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Steve	n Halvorson		
		Signature of Ca	mpaign Treas	urer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said	, t	his the	day	
		which, witness my hand and seal of office.		•	
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of off	icer administering oath	

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Organizing Proje	ct Political Action Co	mmittee		00085036
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kristian Carranza State Represe	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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rebeca Clay Flores Bexar Cour	nty Commissioner
(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.)		Simmons Lauren Ashley State F	Representative
(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.)			

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COMMITTEE NAME Fexas Organizing Projec	et Political Action Co			13 Filer ID	(Ethics Commission Filers)
Γexas Organizing Proje	et Political Action Co				
	ci Political Action Co	mmittee		00085036	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Penny Morales Shaw State Rep	presentative	
Attach lists on plain paper to complete this peport 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		A. Supported	Christina Morales State Renres	entative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)	· · · · · · · · · · · · · · · · · · ·	Ombina Morales State Repres	cinative	
Attach lists on plain paper to complete this eport 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		Rodney Ellis Harris County Con	nmissioner	
Attach lists on plain paper to complete this eport 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 Attach lists on plain report if necessary.) COMMITTEE ACTIVITY Attach lists on plain report if necessary.)	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.) Attach lists on plain approve if necessary.) 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.) 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.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	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.) Attach lists on plain apper to complete this eport if necessary.) 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.) 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, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Identity by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this eport if necessary.) COMMITTEE (Centity by name or, if applicable, classify by party.) COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rodney Ellis Harris County Condition of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed	aper to complete this port if necessary.) 2. Measures (Describe by date and location of discion and nature of discie.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). COMMITTEE (CTIVITY Attach lists on plain aper to complete this sport if necessary.) 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). 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). 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, classify by party). COMMITTEE (Identify by name or, if applicable, classify by party). B. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported Rodney Ellis Harris County Commissioner (Identify by name or, if applicable, classify by party). B. Opposed 3. Opposed 3. Opposed 4. Supported Rodney Ellis Harris County Commissioner (Identify by name or, if applicable, classify by party). B. Opposed 5. Opposed 6. Opposed 6. Opposed

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						1 ago o o: 120
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Organizing Proje	ct Political Action Co	mmittee		00085036	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ed Gonzalez Harris County S	heriff	
	(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.)				
	COMMITTEE	Candidates	A. Supported	Annette Ramirez Harris Coun	ty Tax Assessor	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		7 mode Name 2 mane esam	,	
	(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	Cristian Menefee Harris Cou	nty Attorney	
	(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.)				
		1	ı			

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					1 ago o o: 120
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Organizing Projec	t Political Action Co	mmittee		00085036	
14 COMMITTEE	1. Candidates		Sean Teare Harris County Distr	rict Attorney	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
I	Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
-	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
	1. Candidates	A. Supported	Terry Meza State Representativ	/e	
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	A. Supported			
	(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.)				
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Hernandez El Paso	City Council	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
}	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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						1 ago 1 01 120
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Organizing Projec	ct Political Action Co	mmittee		00085036		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Aicha Davis Stat	e Board Of Edu	cation	
(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 Sunnorted	Venton Jones St	ate Denrecente	tivo	
ACTIVITY	(Identify by name or, if		ventori Jones St	ale Representa	uve	
	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				
	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	Patrick Moses Ta	arrant County S	heriff	
(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.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)				
Texas Or	ganizing Project Political Action Committee	00085036					
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 945,306.50				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$ 922,949.55					
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 CONTRIBUTI	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDU	LE A1
	The Instru	ction Guide explains how	v to complete this fo	orm.		1	Total pages Schedule A1: Sch: 1/26 Rpt: 9/126	
2	FILER NAME	nizing Project Political Action	Committee			3	Filer ID (Ethics Commission 00085036	ion Filers)
4		5 Full name of contributor				-		
4	Date 09/23/2024	AFSCME PEOPLE	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$10,000.00
		6 Contributor address; City; S	tate; Zip Code					
		Washington, DC 20036-5						
8	Principal occu	pation / Job title (See Instruction	s)	9 Employe	r (See Instructions	s)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_			Т	Amount of Contribution (\$)	
	09/17/2024	Aguirre, Barbara Doris	out of state 1 No (15#				7 anount of Continuation (4)	\$100.00
		Contributor address; City; S	tate; Zip Code					
	San Antonio, TX 78228-5910							
	Principal occu	pation / Job title (See Instruction	s)	Employe	r (See Instructions	s)		
	Not Employe	ed		N/A				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/26/2024 Appel, Brian						\$100.00	
		Contributor address; City; S Huntington Beach, CA 92	·					
	Principal occu	pation / Job title (See Instruction		Emplove	r (See Instructions	<u> </u> s)		
	Not Employe	,	-,	Not Emp		,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/28/2024	Archer, Christian						\$5,000.00
		Contributor address; City; S	tate; Zip Code			•		
		San Antonio, TX 78212-3	409					
	Principal occu Self	pation / Job title (See Instruction	s)	Employe Consuta	r (See Instructions ant	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/26/2024	Beckmann, Linda	_					\$250.00
		Contributor address; City; S	tate; Zip Code			1		
		Denton, TX 76208-3559						
	Principal occu	pation / Job title (See Instruction	s)	Employe	r (See Instructions	5)		
	Not Employe			Not Emp				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N 	<u>.</u>		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 10/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee			3	Filer ID (Ethics Commission 00085036	on Filers)
4	Date 08/31/2024	5 Full name of contributor Bell, Craig6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78701-4340						
8	Principal occu Not Employe	pation / Job title (See Instructions ed)	9	Employer (See Instructions N/A	5)		
	Date 09/13/2024	Full name of contributor Bell, Craig Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78701-4340 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe		,		N/A	-,		
	Date 09/16/2024	Full name of contributor Briones, Lesley Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77008-3903						
	Principal occu Commission	pation / Job title (See Instructions er)		Employer (See Instructions Harris County	5)		
	Date 09/14/2024	Full name of contributor Broders, A Compton Contributor address; City; St Dallas, TX 75205-1737	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 09/22/2024	Full name of contributor Brown, Gary Contributor address; City; St Baytown, TX 77521-2918	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Rerired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S 		SCHEDU	LE A1
	The Instru	ction Guide explains how to con	nplete this forn	1.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 11/126	
2	FILER NAME Texas Organ	izing Project Political Action Committe	ee		3	Filer ID (Ethics Commiss 00085036	ion Filers)
4	Date 09/25/2024		f-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
		Baytown, TX 77521-2918					
8	Principal occu Rerired	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 09/26/2024	Full name of contributor out-of Brown, Gary Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Baytown, TX 77521-2918 pation / Job title (See Instructions)		Employer (See Instructions			
	Rerired	odition 7 300 title (See Instructions)		None	,		
	Date 09/26/2024	Full name of contributor out-of Brown, Gary Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Baytown, TX 77521-2918					
	Principal occu Rerired	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 08/22/2024	Buddeberg, Rachel	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions N/A)		
	Date 09/23/2024	Full name of contributor out-of California Nurses Association Poli Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 12/126
2	FILER NAME Texas Organ	iizing Project Political Action Committee			3	Filer ID (Ethics Commission Filers) 00085036
4	Date 09/14/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$50.00
8	Principal occur	Spicewood, TX 78669-3038 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/-	
0	Not Employe		9	Not Employed	·)	
	Date 09/26/2024	Full name of contributor out-of-state PAC Carsrud, Alan Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50.00
		Spicewood, TX 78669-3038		5 1 (0 1 1 1	<u></u>	
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)	
	Date 09/20/2024	Full name of contributor out-of-state PAC Clark, Jennifer Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$) \$10,000.00
	Deinstead	Austin, TX 78704	-	Faralas a (Osas la structiona		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)	
	Date 07/20/2024	Full name of contributor out-of-state PAC Cofrin, David Contributor address; City; State; Zip Code Atlanta, GA 30306-3138				Amount of Contribution (\$) \$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)	
	Date 08/16/2024	Full name of contributor out-of-state PAC Cofrin, David Contributor address; City; State; Zip Code Atlanta, GA 30306-3138)	•	Amount of Contribution (\$) \$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)	

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	S		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 13/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee			3	Filer ID (Ethics Commission 00085036	ion Filers)
4	Date 07/06/2024	5 Full name of contributor Cooksey, Greg6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78751-1605						
8	Principal occu Software De	pation / Job title (See Instructions veloper	·)	9	Employer (See Instructions Zello	s)		
	Date 09/03/2024	Full name of contributor Copeland, Harold Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77263-1145 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Not Employed Not Employed			Not Employed				
	Date 09/26/2024	Full name of contributor Copeland, Harold Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$100.00
		Houston, TX 77263-1145						
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/30/2024	Full name of contributor Cressman, Derek Contributor address; City; Si Sacramento, CA 95816-6)		Amount of Contribution (\$)	\$25,000.00
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 09/18/2024	Full name of contributor Crow, Jane Contributor address; City; Si San Antonio, TX 78212-0)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		

	MONET	ARY POLITICAL CONTRIBUTION	<u></u>	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this form	m.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 14/126		
2	FILER NAME Texas Organ	nizing Project Political Action Committee		3	Filer ID (Ethics Commission 00085036	ion Filers)	
4	Date 09/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
		Austin, TX 78703-4808					
8	Principal occu Architect	pation / Job title (See Instructions) 9	Employer (See Instructions Carter Design Associate				
	Date 08/29/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00	
	Principal occu	Fort Worth, TX 76107-9311 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)			
	Not Employe	ed	N/A				
	Date 09/20/2024	Full name of contributor			Amount of Contribution (\$)	\$250.00	
		Burbank, CA 91505-4005					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Duncan, G. Cameron Contributor address; City; State; Zip Code Tesuque, NM 87574-0836)	•	Amount of Contribution (\$)	\$15,000.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)			
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Florez, Valerie Contributor address; City; State; Zip Code Houston, TX 77025-3710			Amount of Contribution (\$)	\$31.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)			

	MONET	ARY POLITICAL (IS 		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 15/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee		3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 08/30/2024	5 Full name of contributorFlorez, Valerie6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$31.00
		Houston, TX 77025-3710					
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	s)		
	Date 09/26/2024	Full name of contributor Florez, Valerie Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$31.00
	Dringing occur	Houston, TX 77025-3710 pation / Job title (See Instructions		Employer (See Instructions	<u></u>		
	Not Employe)	Not Employed	>)		
	Date 08/13/2024	Full name of contributor Fowler, Gerald Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78209-2	772				
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions N/A	s)		
	Date 09/17/2024	Full name of contributor Fowler, Gerald Contributor address; City; Si San Antonio, TX 78209-2)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions N/A	5)		
	Date 07/26/2024	Full name of contributor Gann, Katherine Contributor address; City; Si Highland Village, TX 7507				Amount of Contribution (\$)	\$50.00
	Principal occu BA	pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1
	The Instru	cti	on Guide explains how	to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 16/126
2	FILER NAME Texas Organ	nizi	ng Project Political Action C	Committee			3	Filer ID (Ethics Commission Filers) 00085036
4	Date 08/26/2024	ļ	Full name of contributor Gann, Katherine Contributor address; City; St.	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$50.00
8		pat	Highland Village, TX 7507		9	Employer (See Instructions	s)	
	Date 09/26/2024		Full name of contributor Gann, Katherine Contributor address; City; St. Highland Village, TX 7507	·		JII		Amount of Contribution (\$) \$50.00
	Principal occu	<u>l</u> pat	ion / Job title (See Instructions			Employer (See Instructions	<u>l</u> S)	
	Date 08/27/2024		Full name of contributor Gelman, Rachel Contributor address; City; St. Oakland, CA 94610-8036	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$) \$100,000.00
	•	•	tion / Job title (See Instructions FPROGRAMS)		Employer (See Instructions JEWISH YOUGH FOR	•	MMUNITY ACT
	Date 09/06/2024		Full name of contributor Gronemeier, Dale Contributor address; City; St. Garden Ridge, TX 78266-	·)		Amount of Contribution (\$) \$100.00
	Principal occu Attorney	pat	tion / Job title (See Instructions)		Employer (See Instructions Gronemeier & Associate		P.C.
	Date 09/26/2024		Full name of contributor Hoedebeck, Charles Leo Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$) \$1,000.00
	Principal occu Self	pat	ion / Job title (See Instructions)		Employer (See Instructions Lawyer	5)	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 17/126
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission Filers) 00085036
4	Date 09/26/2024	 Full name of contributor			7	Amount of Contribution (\$) \$180.00
8	Principal occu	Houston, TX 77005-1092 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Not Employe			Not Employed	,	
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
		Bellaire, TX 77401-4914			Ĺ	
	Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)	
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Judge Peter Sakai for County Campaign Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00
		San Antonio, TX 78212-8595				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Jurvetson, Karla Contributor address; City; State; Zip Code Los Altos, CA 94022-3602)	•	Amount of Contribution (\$) \$10,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Justin Rodriguez Campaign Fund Contributor address; City; State; Zip Code San Antonio, TX 78201)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 18/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee		3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 07/18/2024	5 Full name of contributor Kinney, Taryn6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78737-9142					
8	Principal occu Consultant	pation / Job title (See Instructions	9	Employer (See Instructions Basheli Consulting	5)		
	Date 09/03/2024	Full name of contributor Kunkle, David Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78756-3518 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Not Employe	ed		N/A			
	Date 07/09/2024	Full name of contributor Lanoux, Mark Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75230-1723					
	Principal occu Software En	pation / Job title (See Instructions gineer	5)	Employer (See Instructions Southwest Airlines	5)		
	Date 09/21/2024	Full name of contributor Lee, Jack Contributor address; City; S Houston, TX 77056-1502	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)	Employer (See Instructions N/A	5)		
	Date 08/16/2024	Full name of contributor Lemon, Katherine Contributor address; City; S Houston, TX 77006-5409	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$257.00
	Principal occu Physician-So	pation / Job title (See Instructions cientist	(3)	Employer (See Instructions Baylor College Of Medic		9	
			1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 19/126	
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	ı Filers)
4	Date 09/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
_		Houston, TX 77006-5409	1.		Ĺ		
8	Principal occu Physician-Sc	pation / Job title (See Instructions) cientist	9	Employer (See Instructions Baylor College Of Medic)	
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#: Lemon, Katherine Contributor address; City; State; Zip Code Houston, TX 77006-5409)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Ī	Employer (See Instructions	<u> </u> 5)		
	Physician-Sc	cientist		Baylor College Of Medic	cine)	
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Lemon, Katherine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing conu	Houston, TX 77006-5409	_	Employer (See Instructions	·/		
	Physician-Sc	pation / Job title (See Instructions) cientist		Employer (See Instructions Baylor College Of Medic		•	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Lovett, Joseph Contributor address; City; State; Zip Code New York, NY 10013-1215)		Amount of Contribution (\$)	\$250.00
	Principal occu Filmmaker	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Lovett, Joseph Contributor address; City; State; Zip Code New York, NY 10013-1215				Amount of Contribution (\$)	\$100.00
	Principal occu Filmmaker	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 20/126	
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	on Filers)
4	Date 09/13/2024	 Full name of contributor out-of-state out-o)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	New York, NY 10013-1215 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Filmmaker	,		Self-Employed	,		
	Date 08/31/2024	Marklund, Soren)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77005-2603	<u> </u>				
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Self-Employed	5)		
	Date 08/31/2024	Full name of contributor out-of-state Marklund, Soren Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Dringing! aggs	Houston, TX 77005-2603	<u> </u>	Employer (Coo Instructions	_		
	Business Ov	pation / Job title (See Instructions) ner		Employer (See Instructions Self-Employed	•)		
	Date 09/12/2024	Marmol, Gil G				Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
	Date 09/03/2024	Massey, Pat)		Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Chasesource	5)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains hov	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 21/126		
2	FILER NAME Texas Organ	nizing Project Political Action	Committee			3	Filer ID (Ethics Commission 00085036	n Filers)	
4	Date 09/26/2024	5 Full name of contributor Mattingly, James6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00	
_		Dallas, TX 75254-6795	, la			_			
8	Executive	pation / Job title (See Instructions	9		Employer (See Instructions Lumacorp Inc.	5)			
	Date 09/16/2024	Full name of contributor Menefee, Christian Dasha Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Houston, TX 77004-6206 pation / Job title (See Instructions			Employer (See Instructions	-, 			
	Harris Count				Harris County	')			
	Date 08/31/2024	Full name of contributor Missner, Michele W Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Austin, TX 78731-4875							
	Principal occu Not Employe	pation / Job title (See Instructions ed	(5)		Employer (See Instructions Not Employed	5)			
	Date 09/07/2024	Full name of contributor Missner, Michele W Contributor address; City; S Austin, TX 78731-4875	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)			
	Date 09/14/2024	Full name of contributor Missner, Michele W Contributor address; City; S Austin, TX 78731-4875	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions	S)		Employer (See Instructions Not Employed	5)			
			<u>, </u>						

	MONET	ARY POLITICAL (SCHEDUI	LE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 22/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee		3	Filer ID (Ethics Commission 00085036	on Filers)
4	Date 09/21/2024	5 Full name of contributor Missner, Michele W6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78731-4875 pation / Job title (See Instructions) g	Employer (See Instructions	i)		
•	Not Employe		,	Not Employed	,		
	Date 09/25/2024	Full name of contributor Missner, Michele W Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78731-4875 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	:) 		
	Not Employe			Not Employed)		
	Date 09/26/2024	Full name of contributor Missner, Michele W Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78731-4875					
	Principal occu Not Employe	pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	5)		
	Date 09/09/2024	Full name of contributor Morales, Christina Contributor address; City; St Houston, TX 77003-1624				Amount of Contribution (\$)	\$1,000.00
	Principal occu Funeral Dire	pation / Job title (See Instructions ctor)	Employer (See Instructions Morales Funeral Home	5)		
	Date 09/23/2024	Full name of contributor Nguyen, MK Contributor address; City; St Cupertino, CA 95014	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		
			'				

	MONET	ARY POLITICAL C	S 		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm	n.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 23/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee			3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 09/18/2024	5 Full name of contributor Nwokolo, Chinemerem6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78745-5545						
8	Principal occu Engineer	pation / Job title (See Instructions	9		Employer (See Instructions Nxp	s) 		
	Date 09/26/2024	Full name of contributor Oconnor, Nancy E Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$125.00
	Principal occu	Dallas, TX 75214-1901 pation / Job title (See Instructions	<u>.)</u>		Employer (See Instructions	(s)		
	Not Employe				N/A	,,		
	Date 09/18/2024	Full name of contributor Paine, Vera Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Lewisville, TX 75067-651	4					
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions N/A	s)		
	Date 08/15/2024	Full name of contributor Pastin, Susan S. S. Contributor address; City; St Chicago, IL 60626-2656	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Not Employed	s)		
	Date 09/06/2024	Full name of contributor Pastin, Susan S. S. Contributor address; City; St Chicago, IL 60626-2656	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not Employed	s)		
			1					

	MONET	ARY POLITICAL C	IS 		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 24/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee		3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 09/17/2024	5 Full name of contributorPastin, Susan S. S.6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$36.00
		Chicago, IL 60626-2656					
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor Pastin, Susan S. S. Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
	Principal occu	Chicago, IL 60626-2656 pation / Job title (See Instructions		Employer (See Instructions	-, 		
	Not Employe			Not Employed))		
	Date 07/15/2024	Full name of contributor Patterson, Billie G Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Houston, TX 77062-3649					
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)	Employer (See Instructions N/A	s)		
	Date 08/15/2024	Full name of contributor Patterson, Billie G Contributor address; City; St Houston, TX 77062-3649	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions N/A	5)		
	Date 09/15/2024	Full name of contributor Patterson, Billie G Contributor address; City; St Houston, TX 77062-3649	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	(;)	Employer (See Instructions N/A	<u>.</u> S)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	IEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 25/126	
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	ı Filers)
4	Date 09/23/2024	 Full name of contributor out-of-state PAC (ID#:_Phillips, William Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Wimberley, TX 78676-7865 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			N/A			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_Pragada, Jessica Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201-1753	_		Ĺ		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 07/27/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Sally Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Galveston, TX 77550-5063	_				
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Utmb	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Sally Contributor address; City; State; Zip Code Galveston, TX 77550-5063)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Utmb	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_Robinson, Sally Contributor address; City; State; Zip Code Galveston, TX 77550-5063)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Utmb	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 18/26 Rpt: 26/126
2	FILER NAME Texas Organ	nizing Project Political Action Committee	3 Filer ID (Ethics Commission Filers) 00085036
4	Date 09/26/2024	 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$25.00
		Galveston, TX 77550-5063	
8	Principal occu Physician	pation / Job title (See Instructions) 9 Employe Utmb	er (See Instructions)
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$125.00
	Principal occu	Houston, TX 77008-4533 pation / Job title (See Instructions) Employe	er (See Instructions)
	Not Employed N/A		(
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.00
		Philadelphia, PA 19144-2721	
	Principal occu Retired	pation / Job title (See Instructions) Employe N/A	er (See Instructions)
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00
	Principal occu Not Employe		er (See Instructions)
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#: Seldner, Jeanne And David Contributor address; City; State; Zip Code San Antonio, TX 78249-2081	Amount of Contribution (\$) \$50.00
	Principal occu Not Employe	, , , , , , , , , , , , , , , , , , , ,	er (See Instructions)
		'	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 27/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee			3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 07/19/2024	5 Full name of contributor Shiver, James Arthur6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$100.00
		Farmers Branch, TX 7523						
8	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions N/A	s) 		
	Date 09/18/2024	Full name of contributor Sloan, Melissa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Data disal a sau	Austin, TX 78722-1937	\		Faradaya (Octobration			
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Texas Appleseed	5)		
	Date 09/26/2024	Full name of contributor Sloan, Melissa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78722-1937						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Texas Appleseed	s)		
	Date 09/18/2024	Full name of contributor Smothers, Patricia Contributor address; City; St San Antonio, TX 78209-59	·				Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions N/A	5)		
	Date 07/31/2024	Full name of contributor Spurr, Charles Contributor address; City; St Wakefield, MA 01880-310	. ,)	-	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
			1					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 28/126	
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 08/20/2024	 Full name of contributor out-of-state PAC Spurr, Charles Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Wakefield, MA 01880-3105 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	,		N/A	,		
	Date 09/18/2024	Full name of contributor out-of-state PAC Spurr, Charles Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Wakefield, MA 01880-3105			_		
	Principal occupation / Job title (See Instructions) Retired N/A Employer (See Instruction N/A		s)				
	Date 08/29/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-2348					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC Standifer, Mary M Contributor address; City; State; Zip Code Austin, TX 78703-2348				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) O7/06/2024 Stein, Robert Alan Contributor address; City; State; Zip Code Houston, TX 77008-3823		•	Amount of Contribution (\$)	\$25.00		
	Principal occu It Analyst	pation / Job title (See Instructions)		Employer (See Instructions Baker Hughes	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 21/26 Rpt: 29/126		
2	FILER NAME Texas Orgar	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	on Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (If Stein, Robert Alan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
•	Dringing oggu	Houston, TX 77008-3823	lo.	Employer (See Instructions	<u></u>		
8	It Analyst	pation / Job title (See Instructions)	9	Baker Hughes	»)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II Stein, Robert Alan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77008-3823 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	It Analyst	,		Baker Hughes	•		
	Date 09/12/2024	Full name of contributor out-of-state PAC (II Stein, Robert Alan Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$50.00
		Houston, TX 77008-3823					
	Principal occu It Analyst	pation / Job title (See Instructions)		Employer (See Instructions Baker Hughes	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (II Stephens, Kathryn Hunt Contributor address; City; State; Zip Code San Antonio, TX 78249-1745)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 07/25/2024	Full name of contributor out-of-state PAC (II Stuart, Barkley J Contributor address; City; State; Zip Code Dallas, TX 75380-9013	D#:		•	Amount of Contribution (\$)	\$5,000.00
	Principal occu Exec	pation / Job title (See Instructions)		Employer (See Instructions Glazer's Inc.	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/26 Rpt: 30/126
2	FILER NAME Texas Organ	izing Project Political Action Committee		3	Filer ID (Ethics Commission Filers) 00085036
4	Date 09/20/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$10,000.00
8	Principal occur	Houston, TX 77019-6067 pation / Job title (See Instructions)	Employer (See Instructions) 	
	Not Employe	· · · · · · · · · · · · · · · · · · ·	Not Employed	')	
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: TEXAS DEMOCRATIC MAJORITY POLITICAL A Contributor address; City; State; Zip Code Houston, TX 77266-6100			Amount of Contribution (\$) \$200,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#: Texas Organizing Project Contributor address; City; State; Zip Code San Antonio, TX 78207			Amount of Contribution (\$) \$300,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Texas Organizing Project Contributor address; City; State; Zip Code San Antonio, TX 78207			Amount of Contribution (\$) \$175,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Thomason, James Contributor address; City; State; Zip Code Round Rock, TX 78681-2440			Amount of Contribution (\$) \$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 23/26 Rpt: 31/126	
2	FILER NAME Texas Organ	nizing Project Political Action	Committee			3	Filer ID (Ethics Commission 00085036	n Filers)
4	Date 08/10/2024	5 Full name of contributor Townsend, Allen6 Contributor address; City; S				7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78212-5						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) 	9	Employer (See Instructions N/A	5)		
	Date 08/30/2024	Full name of contributor Townsend, Allen Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78212-5 pation / Job title (See Instructions			Employer (See Instructions	 s)		
	Not Employe	ed			N/A			
	Date 09/26/2024	Full name of contributor Wally, Liz Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75214-5055						
	Principal occu Consultant	pation / Job title (See Instructions	s)		Employer (See Instructions Clean Elections Texas	5)		
	Date 09/05/2024	Full name of contributor Wareing, Matthew Contributor address; City; S Houston, TX 77027-4117	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions N/A	5)		
	Date 07/08/2024	Full name of contributor Yancy, Max Contributor address; City; S Austin, TX 78765-4740	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu Owner	pation / Job title (See Instructions	s)		Employer (See Instructions Plum Creek Records &		Des	
						•		

IV	/IONE I	ARY POLITICAL CONTRIBUTION	N5		SCHEDULI	E A1
Т	he Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/26 Rpt: 32/126	
	ILER NAME	nizing Project Political Action Committee		3	Filer ID (Ethics Commission 00085036	ı Filers)
	ate	5 Full name of contributor out-of-state PAC (ID#:	1	7	Amount of Contribution (\$)	
	7/14/2024	Yancy, Max			7 anount of Contains alloin (4)	\$27.00
		6 Contributor address; City; State; Zip Code		-		
		Austin, TX 78765-4740				
8 Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions			
0	wner		Plum Creek Records &	Tap	oes	
	ate	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
08	8/08/2024	Yancy, Max]		\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78765-4740				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions			
0	wner		Plum Creek Records &	Tap	oes	
	ate	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
08	8/14/2024	Yancy, Max		.]		\$27.00
		Contributor address; City; State; Zip Code Austin, TX 78765-4740				
Pr	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
0	wner		Plum Creek Records &	Тар	oes	
Di	ate	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
09	9/14/2024	Yancy, Max				\$27.00
		Contributor address; City; State; Zip Code		1		
	de die al.	Austin, TX 78765-4740	Faralana (Octobration	<u> </u>		
	rıncıpaı occu wner	ipation / Job title (See Instructions)	Employer (See Instructions Plum Creek Records &	•	100	
			Fium Creek Records &	Tap		
	ate	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#25.00
U	7/10/2024	Young, Brenda		.		\$35.00
		Contributor address; City; State; Zip Code				
		Phoenix, AZ 85020-4109				
Pr	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
N	ot Employe	ed	N/A			

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 25/26 Rpt: 33/126	
2	FILER NAME Texas Organ	nizing Project Political Action (Committee			3	Filer ID (Ethics Commission 00085036	Filers)
4	Date 07/30/2024	5 Full name of contributor Young, Brenda6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Phoenix, AZ 85020-4109						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9		Employer (See Instructions N/A	5)		
	Date 08/21/2024	Full name of contributor Young, Brenda Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Phoenix, AZ 85020-4109	<u> </u>		Employer (See Instructions	z)		
	Principal occupation / Job title (See Instructions) Not Employed N/A Employer (See Instruction N/A		>)					
	Date 09/12/2024	Full name of contributor Young, Brenda Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Phoenix, AZ 85020-4109						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions N/A	s)		
	Date 08/15/2024	Full name of contributor Zarrinnam, Reza Contributor address; City; St Fort Mill, SC 29707-8101	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions ager)		Employer (See Instructions Bank Of America	5)		
	Date 08/22/2024	Full name of contributor Zarrinnam, Reza Contributor address; City; St Fort Mill, SC 29707-8101	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions ager	()		Employer (See Instructions Bank Of America	5)		
	-							

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 26/26 Rpt: 34/126	
2	FILER NAME Texas Organ	nizing Project Political Action Committee			3	Filer ID (Ethics Commission 00085036	ı Filers)
4	Date 08/29/2024)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Project Mana	Fort Mill, SC 29707-8101 pation / Job title (See Instructions) ager	9	Employer (See Instructions Bank Of America	<u> </u> s)		
	Date 09/05/2024	Zarrinnam, Reza	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions) Project Manager Employer (See Instruction Bank Of America		<u> </u>				
	Date 09/12/2024	Zarrinnam, Reza Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions)		Employer (See Instructions Bank Of America	<u> </u> s)		
	Date 09/19/2024	Full name of contributor out-of-sta				Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions)		Employer (See Instructions Bank Of America	<u>l</u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 2arrinnam, Reza Contributor address; City; State; Zip Code Fort Mill, SC 29707-8101		•	Amount of Contribution (\$)	\$25.00		
	Principal occu Project Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Bank Of America	5)		
			•				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/92 Rpt: 35/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
07/07/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.94	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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.
	Credit Card Processing Fees
	Great Cara Frocessing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/07/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$14.74	36 Summer St
— Forestitus from	
Expenditure from corporate funds	Somerville, MA 02143-1701
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
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/14/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.80	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
	Cradit Cord Processing Foos
	Credit Card Processing Fees
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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/92 Rpt: 36/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
07/14/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.28	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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.
	Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
07/21/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
	Credit Card Processing Fees
	Cledit Cald Flocessing Fees
Complete ONLY if allow	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/21/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$73.65	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
Z. ZADITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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 Cabadula F4:	,
1 Total pages Schedule F1: Sch: 3/92 Rpt: 37/126	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date	5 Payee name
07/28/2024	ActBlue Technical Services
0772872024	Actibility recrimical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.36	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit Cord Processing Foos
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/31/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$21.34	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefit C/O	
Date	Payee name
08/04/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	36 Summer St
Evenonality of the co	
Expenditure from corporate funds	Somerville, MA 02143-1701
PURPOSE	
OF	l
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Stout Satur 1 3333311 9 1 333
Complete ONLY if dive -	Candidate/Officeholder name Office acusht
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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: 4/92 Rpt: 38/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/04/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9.20	36 Summer St
Ψ9.20	30 Summer St
Expenditure from	
corporate funds	Somerville, MA 02143-1701
8 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
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Douge name
	Payee name
08/11/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$4.35	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
08/11/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$12.38	36 Summer St
Ψ12.50	oo Sammor St
Expenditure from	
corporate funds	Somerville, MA 02143-1701
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.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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: 5/92 Rpt: 39/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/11/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	36 Summer St
Ψ50.00	30 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	o out out a rice out of the control
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/15/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
08/18/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$34.22	36 Summer St
Expenditure from	
corporate funds	Somerville, MA 02143-1701
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.
	Credit Card Processing Fees
	Credit Card Frocessing Fees
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 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	
4 T . 1	
1 Total pages Schedule F1:	
Sch: 6/92 Rpt: 40/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/25/2024	ActBlue Technical Services
6 Amount (\$)	7 Pavee address: Citv: State: Zip Code
6 Amount (\$)	.9, 1.97
\$8.11	36 Summer St
Expenditure from	
corporate funds	Somerville, MA 02143-1701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5 .	
Date	Payee name
08/25/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$18.22	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Great Cara Frocessing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
08/31/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	36 Summer St
φ1.39	oo summer st
Expenditure from	
corporate funds	Somerville, MA 02143-1701
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.
EAPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/92 Rpt: 41/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/31/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$95.70	36 Summer St
— Forest diture from	
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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.
	Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Great Gard 1 100033111g 1 003
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/31/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	36 Summer St
- Formanditure from	
Expenditure from corporate funds	Somerville, MA 02143-1701
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
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Or	
Date	Payee name
09/01/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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)

Credit Card Payment	The Instruction Guide explains how to complete the	nis form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/92 Rpt: 42/126	Texas Organizing Project Political Action Committee	00085036
4 Date	5 Payee name	
09/01/2024	ActBlue Technical Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.60	36 Summer St	
Expenditure from		
corporate funds	Somerville, MA 02143-1701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
OF EXPENDITURE	/ Nocounting/Dunking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		edit Card Processing Fees
		out out a 1 rocessing 1 ces
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
09/08/2024	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.35	36 Summer St	
, , ,		
Expenditure from corporate funds	Somerville, MA 02143-1701	
PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	scription
EXPENDITURE	/ /tecounting/banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		edit Card Processing Fees
		G
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/08/2024	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$63.09	36 Summer St	
- "		
Expenditure from corporate funds	Somerville, MA 02143-1701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
	Cre	edit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/92 Rpt: 43/126	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/15/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.53	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/15/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$142.92	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Greate Gard 1 rocessing 1 ces
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/22/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$440.20	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
	Credit Card Processing Foos
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/22/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$355.57	36 Summer St
- "	
Expenditure from corporate funds	Somerville, MA 02143-1701
8 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.
	Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete CNI V if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
	Cradit Cord Processing Foos
	Credit Card Processing Fees
Operation ONE Wife discont	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
09/26/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$137.66	36 Summer St
Expenditure from corporate funds	Somerville, MA 02143-1701
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorale to belieff C/OI	1

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		nmittee	Gift/Awar Legal Se	verage Expense rds/Memorials E rvices struction Guid	xpense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
┰	Total pages Schedule F1:	2	FII FR NAME			<u> </u>				3	Filer ID	(Ethics Commission Filers)	\dashv
-	Sch: 11/92 Rpt:	_	Texas Orga		Project Po	litical Actio	n Com	mitte	ee		00085036	(
4	Date	5	Payee name							_			
	09/26/2024		ActBlue Te	chnical	Services								
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip C	ode					
	\$161.77		36 Summer	St									
	Expenditure from corporate funds		Somerville,	MA 02	2143-1701								
8	PURPOSE	(a)	Category (S	ee Catego	ories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Accounting	/Bankir	ng				_			plete Schedule T.	
									Credit Card F		, officeholder living		
									Credit Card F	100	cessing rec	3	
Ļ	0 1: 01:11/11/11	Ц						<u> </u>			0,000		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholde	er name	C	office so	ught			Office h	eld	
	Date		Payee name										
	08/13/2024		Airbnb										
H	Amount (\$)		Payee addre	SS;	City;	State:	Zip C	ode					\neg
	\$229.42		888 Branna		,	•	•						
	+ ===::=		200 2.0	• •									
	Expenditure from corporate funds		San Francis	sco, CA	4 94103-49	28							
	PURPOSE	(a)	Category (S	ee Catego	ories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Di	strict					=			pplete Schedule T.	
									Travel	ı, TX,	, officeholder living	g expense	
									Havei				
┝	Complete ONLY if direct		Candidate/Offi	iceholde	er name		office so	uaht			Office h	eld	
	expenditure to benefit C/O												
	Date		Payee name										
	09/19/2024		Airbnb										
Г	Amount (\$)		Payee addre	ss;	City;	State;	Zip C	ode					
	\$204.20		888 Branna	ın St									
	Expenditure from corporate funds		San Francis	sco, CA	A 94103-49	28							
	PURPOSE	(a)	Category (S	ee Catego	ories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Di	strict								pplete Schedule T.	
									ш	ı, TX,	, officeholder living	g expense	
									Travel				
dash							•	<u> </u>					_
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholde	er name	C	office so	ught			Office h	eld	
	experience to belieff 6/01	•											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/25/2024	Airbnb
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$129.98	888 Brannan St
Expenditure from corporate funds	San Francisco, CA 94103-4928
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Airbnb
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	888 Brannan St
, , , , ,	
Expenditure from corporate funds	San Francisco, CA 94103-4928
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serious eye.	Harris County Attorney Harris County Attorney
Date	Payee name
09/17/2024	Airbnb
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	888 Brannan St
Expenditure from corporate funds	San Francisco, CA 94103-4928
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	Ιπάνει
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Meneree, Christian Frams County Attorney Frams County Attorney

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide	explains how to complete this	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Sch: 13/92 Rpt:	Texas Organizing Project Polit	ical Action Committee	00085036		
4 Date	5 Payee name				
09/17/2024	Airbnb				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$65.00	888 Brannan St				
Expenditure from corporate funds	San Francisco, CA 94103-492	8			
8 PURPOSE OF	(a) Category (See Categories listed at the to				
EXPENDITURE	Travel In District		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense		
		∐ [□]			
		1100	o .		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O		Harris County She			
Data					
Date	Payee name				
09/17/2024	Airbnb				
Amount (\$)	Payee address; City;	State; Zip Code			
\$65.00	888 Brannan St				
Expenditure from					
corporate funds	San Francisco, CA 94103-492	8			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Desc	ription		
OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.		
		Ll G	heck if Austin, TX, officeholder living expense		
		Trav	OI .		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/OI		Harris Co Commis			
Date	Payee name				
09/17/2024	Airbnb				
Amount (\$)	Payee address; City;	State; Zip Code			
\$65.00	888 Brannan St				
Expenditure from					
corporate funds	San Francisco, CA 94103-492	8			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Desc	ription		
OF EXPENDITURE	Travel In District		heck if travel outside of Texas. Complete Schedule T.		
LA LIBITORE			heck if Austin, TX, officeholder living expense		
		Trav	ei		
Occupation Objective "	One distant 1000		0.6%		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held		
,	Teare, Sean	Harris County DA	None		

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/11/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$109.95	410 Terry Ave N
Expenditure from	
corporate funds	Seattle, WA 98109-5210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Οπισε σαμβιίος
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
09/11/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$1,497.87	410 Terry Ave N
Expenditure from	
corporate funds	Seattle, WA 98109-5210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	Davies same
Date 09/12/2024	Payee name
	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$30.28	410 Terry Ave N
Expenditure from	
corporate funds	Seattle, WA 98109-5210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
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
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)

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: 15/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/12/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.14	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Cinice Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/16/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$47.40	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Office Supplies
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$179.65	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
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 Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.98	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
09/19/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$155.97	410 Terry Ave N
·	
Expenditure from corporate funds	Seattle, WA 98109-5210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	•
Date	Payee name
09/19/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$37.40	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
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 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 Schodule E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 17/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$242.19	410 Terry Ave N
Expenditure from	Soattle, WA 09100 5210
corporate funds	Seattle, WA 98109-5210
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/19/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$490.05	410 Terry Ave N
Expenditure from corporate funds	Seattle, WA 98109-5210
•	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Стос Саррпос
Operation ONLY if allowed	On didde Office holder game
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
09/25/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$274.95	410 Terry Ave N
Ψ214.30	410 Tony / We IV
Expenditure from	
corporate funds	Seattle, WA 98109-5210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
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
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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
07/16/2024	Connor, Elizabeth Helen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	5216 Leeland St
Expenditure from corporate funds	Houston, TX 77023-2022
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Consulting
	T unutuising Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	<u> </u>
Date	Payee name
09/25/2024	Connor, Elizabeth Helen
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	5216 Leeland St
Expenditure from corporate funds	Houston, TX 77023-2022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
09/10/2024	Dave's Hot Chicken
Amount (\$)	Payee address; City; State; Zip Code
\$519.60	614 Dennis St
Expenditure from corporate funds	Houston, TX 77006-3502
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals
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 Comm

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/26/2024	Dripped Birria
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$532.58	2503 Bagby St
Expenditure from	
corporate funds	Houston, TX 77006-1605
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/09/2024	Duable Brand Trust
Amount (\$)	Payee address; City; State; Zip Code
\$3,750.00	110 Broadway St
	Ste 170
Expenditure from corporate funds	San Antonio, TX 78205-1917
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Advertising
	Advertising
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/19/2024	FedEx
Amount (\$)	Payee address; City; State; Zip Code
\$12.99	602 NW Loop 410
\$12.99	602 NW L00p 410
Expenditure from corporate funds	San Antonio, TX 78216-5536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Printing Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/20/2024	FedEx
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.07	602 NW Loop 410
- Evanditure from	
Expenditure from corporate funds	San Antonio, TX 78216-5536
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense Printing
	Timung
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	FedEx
Amount (\$)	Payee address; City; State; Zip Code
\$12.99	602 NW Loop 410
Expenditure from corporate funds	San Antonio, TX 78216-5536
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	'
Date	Davisa nama
	Payee name
09/20/2024	FedEx
Amount (\$)	Payee address; City; State; Zip Code
\$14.07	602 NW Loop 410
Expenditure from	
corporate funds	San Antonio, TX 78216-5536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Printing
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
Contributions/ Donations Made By Candidate/Officeholder/Political Com

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 B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	FedEx
6 Amount (\$) \$77.94	7 Payee address; City; State; Zip Code 602 NW Loop 410
Expenditure from corporate funds	San Antonio, TX 78216-5536
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Printing Printing
O Complete ONLY If allow	Condidate/Officeholder name Office accepts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	FedEx
Amount (\$)	Payee address; City; State; Zip Code
\$84.44	602 NW Loop 410
Expenditure from corporate funds	San Antonio, TX 78216-5536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/09/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$220.51	108 N Rosillo
Expenditure from	
corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/10/2024	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$56.04	108 N Rosillo
Expenditure from	
corporate funds	San Antonio, TX 78207-3706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	Medis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
09/11/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$31.64	108 N Rosillo
- Funanditura from	
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$209.59	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$264.09	108 N Rosillo
Expenditure from	
corporate funds	San Antonio, TX 78207-3706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	Medis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
09/19/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$47.92	108 N Rosillo
— Forestitus from	
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Meals
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$233.79	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/24/2024	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.74	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/25/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$7.86	108 N Rosillo
·	
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
	Weats
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Doto	David and the second se
Date 09/26/2024	Payee name HEB
Amount (\$)	Payee address; City; State; Zip Code
\$260.55	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	·
<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/26/2024	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.72	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	Medis
O Complete ONLY if direct	Candidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$271.06	108 N Rosillo
Expenditure from corporate funds	San Antonio, TX 78207-3706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/26/2024	Hotels.com
Amount (\$)	Payee address; City; State; Zip Code
\$376.96	5400 Lyndon B Johnson Fwy
\$5.0.00	
Expenditure from	Dellas, TV 75240 1000
corporate funds	Dallas, TX 75240-1000
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel
	Havei
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 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)

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: 26/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/12/2024	Hotwire
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$391.25	467 RAIL HEAD Blvd
Expenditure from corporate funds	Naples, FL 34110
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/17/2024	Hotwire
Amount (\$)	Payee address; City; State; Zip Code
\$524.38	467 RAIL HEAD Blvd
Expenditure from corporate funds	Naples, FL 34110
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	7
Date	Payee name
09/17/2024	Hotwire
Amount (\$)	Payee address; City; State; Zip Code
\$262.19	467 RAIL HEAD Blvd
Expenditure from corporate funds	Naples, FL 34110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTTONE O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/25/2024	Hotwire
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.70	467 RAIL HEAD Blvd
Expenditure from corporate funds	Naples, FL 34110
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/26/2024	Hotwire
Amount (\$)	Payee address; City; State; Zip Code
\$405.29	467 RAIL HEAD Blvd
Expenditure from corporate funds	Naples, FL 34110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/06/2024	Katz Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 33079
Ψ4,000.00	1.0.000.00010
Expenditure from corporate funds	Washington, DC 20033-0079
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
	Compliance Services
	Compliance Services
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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Col	nmission Filers)
Sch: 28/92 Rpt:	Texas Organizing Project Political Action Committee 00085036	
4 Date	5 Payee name	
08/26/2024	Katz Compliance	
	<u> </u>	
6 Amount (\$) \$4,000.00		
Ψ4,000.00	FO BOX 33079	
Expenditure from	Washington, DC 20033-0079	
corporate funds	-	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	т.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	1.
	Compliance Services	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
09/12/2024	Macias, Megan Joy	
Amount (\$)	Payee address; City; State; Zip Code	
\$247.00	1212 Maverick St	
Expenditure from		
corporate funds	San Antonio, TX 78212-3610	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule	Т.
	Check if Austin, TX, officeholder living expense	
	Mileage and Per Diem	
Operation ONLY if discont	Our stide to 10 th as had done as well	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
· 		
Date	Payee name	
09/09/2024	Macias, Megan Joy	
Amount (\$)	Payee address; City; State; Zip Code	
\$123.51	1212 Maverick St	
Expenditure from corporate funds	San Antonio, TX 78212-3610	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Travel In District Check if travel outside of Texas. Complete Schedule	т.
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Travel	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Menefee, Christian Harris County Attorney Harris County Att	orney

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 29/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date 09/09/2024	5 Payee name Macias, Megan Joy
6 Amount (\$) \$123.51	7 Payee address; City; State; Zip Code 1212 Maverick St
Expenditure from corporate funds	San Antonio, TX 78212-3610
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Harris County Attorney Harris County Attorney
Date 09/09/2024	Payee name Macias, Megan Joy
Amount (\$) \$123.51	Payee address; City; State; Zip Code 1212 Maverick St
Expenditure from corporate funds	San Antonio, TX 78212-3610
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Morales, Christina State Representative District 145 State Representative District
Date 09/09/2024	Payee name Macias, Megan Joy
Amount (\$) \$123.51	Payee address; City; State; Zip Code 1212 Maverick St
Expenditure from corporate funds	San Antonio, TX 78212-3610
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Gonzalez, Ed Harris County Sheriff Harris County Sheriff

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/09/2024	Macias, Megan Joy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$123.51	1212 Maverick St
— Foresedit ve from	
Expenditure from corporate funds	San Antonio, TX 78212-3610
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/16/2024	Mitchell, Molly
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1712 37th St NW
Ψ2,300.00	1712 3701 30 1999
Expenditure from corporate funds	Washington, DC 20007-2321
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.
	Check if Austin, TX, officeholder living expense Communications Consulting
	Communications Consuming
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/20/2024	Mitchell, Molly
	·
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1712 37th St NW
\$2,500.00	1712 37til St NVV
Expenditure from corporate funds	Washington, DC 20007-2321
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.
-	Check if Austin, TX, officeholder living expense Communications Consulting
	Communications Consuming
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/18/2024	Mitchell, Molly
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1712 37th St NW
Expenditure from	
corporate funds	Washington, DC 20007-2321
8 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. Check if Austin, TX, officeholder living expense
	Communications Consulting
	Communications Consuming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
09/06/2024	Monarch Printing Co
Amount (\$)	Payee address; City; State; Zip Code
\$3,036.42	6605 Mcgrew St
	Ste B
Expenditure from corporate funds	Houston, TX 77087-3466
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
	,a
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/26/2024	Monarch Printing Co
Amount (\$)	Payee address; City; State; Zip Code
\$2,918.88	6605 Mcgrew St
	Ste B
Expenditure from corporate funds	Houston, TX 77087-3466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense
	Printing Printing
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 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 32/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date 09/13/2024	5 Payee name Monarch Printing Co
6 Amount (\$) \$433.77 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 6605 Mcgrew St Ste B Houston, TX 77087-3466 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Menefee, Christian Harris County Attorney Harris County Attorney
Date 09/25/2024	Payee name Monarch Printing Co
Amount (\$) \$595.38 Expenditure from corporate funds PURPOSE OF	Payee address; City; State; Zip Code 6605 Mcgrew St Ste B Houston, TX 77087-3466 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held Menefee, Christian Harris County Attorney Harris County Attorney
Date 09/13/2024	Payee name Monarch Printing Co
Amount (\$) \$433.77 Expenditure from corporate funds	Payee address; City; State; Zip Code 6605 Mcgrew St Ste B Houston, TX 77087-3466
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Menefee, Christian Harris County Attorney Harris County Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 33/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/25/2024	Monarch Printing Co
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$595.38	6605 Mcgrew St
Expenditure from	Ste B
corporate funds	Houston, TX 77087-3466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Harris County Attorney Harris County Attorney
Date	Payee name
09/13/2024	Monarch Printing Co
Amount (\$)	Payee address; City; State; Zip Code
\$303.64	6605 Mcgrew St
	Ste B
Expenditure from corporate funds	Houston, TX 77087-3466
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Morales, Christina State Representative District 145 State Representative District
Date	Payee name
09/13/2024	Monarch Printing Co
Amount (\$)	Payee address; City; State; Zip Code
\$433.77	6605 Mcgrew St
	Ste B
Expenditure from corporate funds	Houston, TX 77087-3466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Printing
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide ex	cplains how to complete this forr	m.
1 Total pages Schedule F1: Sch: 34/92 Rpt:	FILER NAME Texas Organizing Project Politica	al Action Committee	3 Filer ID (Ethics Commission Filers) 00085036
4 Date 09/25/2024	5 Payee name Monarch Printing Co		
6 Amount (\$) \$595.38 Expenditure from corporate funds 8 PURPOSE	7 Payee address; City; 6605 Mcgrew St Ste B Houston, TX 77087-3466	State; Zip Code (b) Description	on.
OF EXPENDITURE	(a) Category (See Categories listed at the top of Printing Expense	Check if	off travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Gonzalez, Ed	Office sought Harris County Sheriff	Office held Harris County Sheriff
Date 09/13/2024	Payee name Monarch Printing Co		
Amount (\$) \$130.13 Expenditure from corporate funds PURPOSE	Payee address; City; 6605 Mcgrew St Ste B Houston, TX 77087-3466 (a) Category (See Categories listed at the top of the company of the compan	State; Zip Code (b) Description	on
OF EXPENDITURE	Printing Expense	Check if	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H Shaw, Penny	Office sought State Representative	Office held District 148 State Representative District
Date 09/13/2024	Payee name Monarch Printing Co		
Amount (\$) \$433.77 Expenditure from corporate funds	Payee address; City; 6605 Mcgrew St Ste B Houston, TX 77087-3466	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Printing Expense	Check if	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Teare, Sean	Office sought Harris County DA	Office held None

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

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: 35/92 Rpt:	Texas Organizing Project Political Action Committee 00085036	
4 Date	5 Payee name	
09/25/2024	Monarch Printing Co	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$595.38	6605 Mcgrew St	
	Ste B	
Expenditure from corporate funds	Houston, TX 77087-3466	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Printing	
O Commission Chilly (1)		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Teare, Sean Harris County DA None	
·	Teale, Sealt Hains County DA None	_
Date	Payee name	
09/19/2024	Olive Garden	
Amount (\$)	Payee address; City; State; Zip Code	
\$541.34	522 Gulfgate Center Mall	
Expenditure from		
corporate funds	Houston, TX 77087-3022	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Meals	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payon namo	_
07/02/2024	Payee name Paragon Payment Solutions	
Amount (\$)	Payee address; City; State; Zip Code	
\$26.16	2141 E Broadway Rd	
Ψ20.10	Ste 202	
Expenditure from		
corporate funds	Tempe, AZ 85282-1895	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
07/02/2024	Paragon Payment Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	2141 E Broadway Rd
	Ste 202
Expenditure from corporate funds	Tempe, AZ 85282-1895
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Paragon Payment Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$26.16	2141 E Broadway Rd
Evpanditura from	Ste 202
Expenditure from corporate funds	Tempe, AZ 85282-1895
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/02/2024	Paragon Payment Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	2141 E Broadway Rd
	Ste 202
Expenditure from corporate funds	Tempe, AZ 85282-1895
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.
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
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 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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 37/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/03/2024	Paragon Payment Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$414.34	2141 E Broadway Rd
	Ste 202
Expenditure from corporate funds	Tempe, AZ 85282-1895
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/03/2024	Paragon Payment Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$119.75	2141 E Broadway Rd
	Ste 202
Expenditure from corporate funds	Tempe, AZ 85282-1895
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
08/29/2024	Perfect Gift
Amount (\$)	Payee address; City; State; Zip Code
\$2,865.16	495 Mansfield Ave
+=,000.20	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	Havei
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 -

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 38/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/29/2024	Perfect Gift
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,026.95	495 Mansfield Ave
Expenditure from	
corporate funds	Pittsburgh, PA 15205-4350
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	Travel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Davies same
	Payee name
09/25/2024	Perfect Gift
Amount (\$)	Payee address; City; State; Zip Code
\$4,074.50	495 Mansfield Ave
Expenditure from	
corporate funds	Pittsburgh, PA 15205-4350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	itavei
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
09/25/2024	Perfect Gift
Amount (\$)	Payee address; City; State; Zip Code
\$4,074.50	495 Mansfield Ave
Expenditure from	
corporate funds	Pittsburgh, PA 15205-4350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Travel
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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 39/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/25/2024	Perfect Gift
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,862.50	495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Perfect Gift
Amount (\$)	Payee address; City; State; Zip Code
\$254.42	495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
Date	Payee name
08/29/2024	Perfect Gift
Amount (\$)	Payee address; City; State; Zip Code
\$687.02	495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	Davis, Aicha State Board Of Education District State Board Of Education

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card F dyment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 40/92 Rpt:	Texas Organizing Project Political Action Cor	nmittee	00085036
4 Date	5 Payee name		
08/29/2024	Perfect Gift		
6 Amount (\$)	7 Payee address; City; State; Zip of	Code	
\$589.58	495 Mansfield Ave		
Expenditure from			
corporate funds	Pittsburgh, PA 15205-4350		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Travel	17, officerolaer living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
expenditure to benefit C/OI		County Attorney	Harris County Attorney
Date	Payee name		
08/29/2024	Perfect Gift		
		Codo	
Amount (\$)	Payee address; City; State; Zip (495 Mansfield Ave	Joue	
\$1,425.86	495 Manshelu Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District	I <u>—</u>	outside of Texas. Complete Schedule T.
		Travel	, TX, officeholder living expense
		liavoi	
Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
expenditure to benefit C/O	1	County Attorney	Harris County Attorney
Data			
Date 09/06/2024	Payee name Perfect Gift		
Amount (\$)	Payee address; City; State; Zip (Code	
\$68.73	495 Mansfield Ave		
Expenditure from	Dittale 1995 4050		
corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Travel	THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OFFIC
Complete ONLY if direct	Candidate/Officeholder name Office so	L ouaht	Office held
expenditure to benefit C/OI		o City Council Distric	
			,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

Credit Card Payment	The Instruction Guide ex	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 41/92 Rpt:	Texas Organizing Project Politica	al Action Committee	00085036
4 Date	5 Payee name		•
08/29/2024	Perfect Gift		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$184.32	495 Mansfield Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	1
OF EXPENDITURE	Travel In District	Check if tr	avel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if A	austin, TX, officeholder living expense
		Traver	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		El Paso City Council Di	
Data			
Date 08/29/2024	Payee name Perfect Gift		
		Otata: 7in Orda	
Amount (\$)	Payee address; City;	State; Zip Code	
\$589.58	495 Mansfield Ave		
Expenditure from	Dittale DA 15005 4050		
corporate funds	Pittsburgh, PA 15205-4350	Ta.	
PURPOSE OF	(a) Category (See Categories listed at the top of		l avel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District		austin, TX, officeholder living expense
		Travel	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Menefee, Christian	Harris County Attorney	Harris County Attorney
Date	Payee name		
08/29/2024	Perfect Gift		
Amount (\$)	Payee address; City;	State; Zip Code	
\$1,425.86	495 Mansfield Ave		
Expenditure from			
corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	1
OF EXPENDITURE	Travel In District		ravel outside of Texas. Complete Schedule T.
		Travel	ustin, TX, officeholder living expense
		Tidvel	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Harris County Attorney	
		· · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 42/92 Rpt:	Texas Organizing Project Political Action	on Committee	00085036
4 Date	5 Payee name		
08/29/2024	Perfect Gift		
6 Amount (\$)		; Zip Code	
\$118.98	495 Mansfield Ave		
Expenditure from			
corporate funds	Pittsburgh, PA 15205-4350		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch		
OF EXPENDITURE	Travel In District	ı <u>—</u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Travel	III, TA, Unicerolaer living expense
9 Complete ONLY if direct	Candidate/Officeholder name C	I Office sought	Office held
expenditure to benefit C/O	1		trict 145 State Representative District
Date	Payee name		
08/29/2024	Perfect Gift		
Amount (\$)		; Zip Code	
\$287.73	495 Mansfield Ave	, Zip Code	
Ψ201.10	493 Ivialisheld Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE	(a) Category (See Categories listed at the top of this scho		
OF EXPENDITURE	Travel In District		el outside of Texas. Complete Schedule T.
		Travel	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name C		Office held
expenditure to benefit C/OI		•	trict 145 State Representative District
Date		·	·
08/29/2024	Payee name Perfect Gift		
		. Zin Codo	
Amount (\$)	Payee address; City; State; 495 Mansfield Ave	; Zip Code	
\$589.58	495 Marisileid Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
OF EXPENDITURE	Travel In District	· · ·	el outside of Texas. Complete Schedule T.
		Travel	in, TX, officeholder living expense
		Traver	
Complete ONLY if direct	Candidate/Officeholder name C		Office held
expenditure to benefit C/O		Harris County Sheriff	Harris County Sheriff
	Conzucz, Ed	Turns County Sherin	Tiding County Sheriii

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 43/92 Rpt:	Texas Organizing Project Political Action Comm	nittee 00085036
4 Date	5 Payee name	
08/29/2024	Perfect Gift	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$1,425.86	495 Mansfield Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel
		Tital S.
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	aht Office held
expenditure to benefit C/O		unty Sheriff Harris County Sheriff
		and county charms
Date	Payee name	
09/06/2024	Perfect Gift	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1,093.60	495 Mansfield Ave	
Evnanditure from		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITONE		Check if Austin, TX, officeholder living expense
		Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	
experialities to benefit e, e.	¹ Salazar, Javier Bexar Co	unty Sheriff Bexar County Sheriff
Date	Payee name	
09/06/2024	Perfect Gift	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$226.95	495 Mansfield Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE	-	(b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel III Blockies	Check if Austin, TX, officeholder living expense
		Travel
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	^H Carranza, Kristian State Rep	resentative District 118 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide explains how to complete th	is form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 44/92 Rpt:	Texas Organizing Project Political Action Committee	00085036
4 Date	5 Payee name	
08/20/2024	Perfect Gift	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$685.83	495 Mansfield Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	•
EXPENDITURE	Haver in District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	│ │ │ │	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		ative District 118 State Representative District
5 .	<u> </u>	
Date	Payee name	
08/29/2024	Perfect Gift	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.08	495 Mansfield Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	•
EXPENDITURE	Traver in District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	│ │ │ │	
	114	VOI
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		ative District 146 State Representative District
	·	anve Bistriot 140 State Representative Bistriot
Date	Payee name	
08/29/2024	Perfect Gift	
Amount (\$)	Payee address; City; State; Zip Code	
\$89.67	495 Mansfield Ave	
- "		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	crintion
OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Tra	vel
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Simmons, Lauren State Representa	ative District 146 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 45/92 Rpt:	Texas Organizing Project Political Action (Committee 00085036
4 Date	5 Payee name	
08/29/2024	Perfect Gift	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code
\$111.23	495 Mansfield Ave	
Expenditure from		
corporate funds	Pittsburgh, PA 15205-4350	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel
9 Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/O		re Representative District 148 State Representative District
Date	Payee name	
08/29/2024	Perfect Gift	
Amount (\$)	Payee address; City; State; Z	in Code
\$269.01	495 Mansfield Ave	ip Code
Ψ203.01	493 Mansheld Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description
OF EXPENDITURE	Travel In District	Check if Austin TV, officeholder living expense.
		Check if Austin, TX, officeholder living expense Travel
		Tidvoi
Complete ONLY if direct	Candidate/Officeholder name Offic	te sought Office held
expenditure to benefit C/OI		re Representative District 148 State Representative District
Date	-	
09/06/2024	Payee name Perfect Gift	
Amount (\$)	Payee address; City; State; Z	ip Code
\$566.76	495 Mansfield Ave	
Expenditure from corporate funds	Pittsburgh, PA 15205-4350	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te sought Office held
experience to borion c.c.	[¬] Flores, Rebeca Bex	ar County Commissioner Bexar County Commissioner

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	explains how to co	mplete this form.	· · · · · · · · · · · · · · · · · · ·	,
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)
Sch: 46/92 Rpt:	Texas Organizing Project Polit	ical Action Com	mittee	00085036	
4 Date	5 Payee name				
08/20/2024	Perfect Gift				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$1,782.57	495 Mansfield Ave				
Expenditure from corporate funds	Pittsburgh, PA 15205-4350				
8 PURPOSE OF	(a) Category (See Categories listed at the to	pp of this schedule)	(b) Description		
EXPENDITURE	Travel In District		I <u>—</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			Travel	i, 174, omeendaer iving expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u> </u>	Office held	
expenditure to benefit C/O			ounty Commissio		ssioner
Date	Payee name				
08/29/2024	Perfect Gift				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$270.14	495 Mansfield Ave				
Expenditure from corporate funds	Pittsburgh, PA 15205-4350				
PURPOSE	(a) Category (See Categories listed at the to	on of this schedule)	(b) Description		
OF	Travel In District	ip of this scriedule)	l — ·	outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin	n, TX, officeholder living expense	
			Travel		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	· ·	Office held	
expenditure to benefit C/O	H Ellis, Rodney	Harris Co	o Commissioner	Harris Co Commissio	ner
Date	Payee name				
08/29/2024	Perfect Gift				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$653.31	495 Mansfield Ave	, ,			
,,,,,,					
Expenditure from corporate funds	Pittsburgh, PA 15205-4350				
PURPOSE			(b) Description		
OF	(a) Category (See Categories listed at the to Travel In District	p of this schedule)	l'' — '	outside of Texas. Complete Schedule T.	
EXPENDITURE	Havei III District		ı <u>⊢</u>	n, TX, officeholder living expense	
			Travel		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office held	
expenditure to benefit C/OF	^H Ellis, Rodney	Harris Co	o Commissioner	Harris Co Commissio	ner

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 47/92 Rpt:	Texas Organizing Project Political A	ction Committee	00085036
4 Date	5 Payee name		•
08/29/2024	Perfect Gift		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
\$589.58	495 Mansfield Ave		
— Forestitus from			
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
8 PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	Travel In District	· · ·	el outside of Texas. Complete Schedule T.
		Travel	in, TX, officeholder living expense
		naver	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Harris County DA	None
Data			
Date	Payee name		
08/29/2024	Perfect Gift		
Amount (\$)		ate; Zip Code	
\$1,425.86	495 Mansfield Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE		(h) Description	
OF	(a) Category (See Categories listed at the top of this Travel In District	l —	el outside of Texas. Complete Schedule T.
EXPENDITURE	Traver in District	<u> </u>	in, TX, officeholder living expense
		Travel	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Teare, Sean	Harris County DA	None
Date	Payee name		
09/06/2024	Perfect Gift		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
\$171.72	495 Mansfield Ave		
Expenditure from corporate funds	Pittsburgh, PA 15205-4350		
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	Travel In District	Check if trave	el outside of Texas. Complete Schedule T.
EXPENDITURE		_	in, TX, officeholder living expense
		Travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to benefit 6/61	□ Meza, Terry	State Representative Dist	trict 105 State Representative District

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 48/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date 08/29/2024	5 Payee name Perfect Gift
6 Amount (\$) \$469.18	7 Payee address; City; State; Zip Code 495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Meza, Terry State Representative District 105 State Representative District
Date 09/06/2024	Payee name Perfect Gift
Amount (\$) \$125.91	Payee address; City; State; Zip Code 495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held State Representative District 100 State Representative District
Date 08/29/2024	Payee name Perfect Gift
Amount (\$) \$383.72	Payee address; City; State; Zip Code 495 Mansfield Ave
Expenditure from corporate funds	Pittsburgh, PA 15205-4350
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held State Representative District 100 State Representative District

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/05/2024	Pizza Hut
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$209.10	222 Continental Ave
Expenditure from	
corporate funds	Dallas, TX 75207-4302
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	Medis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/25/2024	Pizza Patron
Amount (\$)	Payee address; City; State; Zip Code
\$137.35	827 S Zarzamora St
Expenditure from	
corporate funds	San Antonio, TX 78207-5364
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
_/	Check if Austin, TX, officeholder living expense
	Meals
Commission ONLL V if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/25/2024	Pizza Patron
Amount (\$)	Payee address; City; State; Zip Code
\$70.71	827 S Zarzamora St
Expenditure from	
corporate funds	San Antonio, TX 78207-5364
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Meals
Operated Objects "	Our didn't 10ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 50/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/17/2024	Prestige Printing LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$158.99	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing
	Filliang
O Complete CNII V if alia	Condidate/Officeholder name Office pought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
·	
Date	Payee name
09/17/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$158.99	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense
	Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,343.61	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/09/2024	Prestige Printing LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,016.47	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
	l · ··································
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣
Date	Payee name
09/17/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$532.81	8 Burwood Ln
4002.01	o Balwood Ell
Expenditure from corporate funds	San Antonio, TX 78216-7086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing
	,a
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/08/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$58.82	8 Burwood Ln
Ψ30.02	o Barwood En
Expenditure from corporate funds	San Antonio, TX 78216-7086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing
	T mung
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

	The instruction duide explain	s now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 52/92 Rpt:	Texas Organizing Project Political Ac	tion Committee	00085036
4 Date	5 Payee name		
08/08/2024	Prestige Printing LLC		
6 Amount (\$)		e; Zip Code	
\$151.63	8 Burwood Ln		
Expenditure from corporate funds	San Antonio, TX 78216-7086		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Printing Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Menefee, Christian	Harris County Attorney	Harris County Attorney
Date	Payee name		
08/08/2024	Prestige Printing LLC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$15.94	8 Burwood Ln		
Expenditure from corporate funds	San Antonio, TX 78216-7086		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Printing Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Hernandez, Cassandra	El Paso City Council Dist	rict 3 El Paso City Council District 3
Date	Payee name		
08/08/2024	Prestige Printing LLC		
Amount (\$) \$151.63	Payee address; City; Stat 8 Burwood Ln	e; Zip Code	
Expenditure from corporate funds	San Antonio, TX 78216-7086		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Printing Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Menefee, Christian	Harris County Attorney	Harris County Attorney

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide e	xplains how to complete this form.	(
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 53/92 Rpt:	Texas Organizing Project Politic	al Action Committee	00085036
4 Date	5 Payee name		•
08/08/2024	Prestige Printing LLC		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$30.70	8 Burwood Ln		
F			
Expenditure from corporate funds	San Antonio, TX 78216-7086		
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	Check if trave	el outside of Texas. Complete Schedule T.
		Printing	in, TX, officeholder living expense
		g	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Morales, Christina	· ·	trict 145 State Representative District
Date	Payee name		
08/08/2024	Prestige Printing LLC		
Amount (\$)	Payee address; City;	State; Zip Code	
\$151.63	8 Burwood Ln	•	
Expenditure from corporate funds	San Antonio, TX 78216-7086		
PURPOSE OF	(a) Category (See Categories listed at the top		
EXPENDITURE	Printing Expense		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Printing	3 p
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Gonzalez, Ed	Harris County Sheriff	Harris County Sheriff
Date	Payee name		
08/08/2024	Prestige Printing LLC		
Amount (\$)	Payee address; City;	State; Zip Code	
\$233.89	8 Burwood Ln		
- Financial Confession			
Expenditure from corporate funds	San Antonio, TX 78216-7086		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	Check if trave	el outside of Texas. Complete Schedule T.
		Check if Aust Printing	in, TX, officeholder living expense
		Tilliung	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		Bexar County Sheriff	Bexar County Sheriff
		<u> </u>	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

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: 54/92 Rpt:	Texas Organizing Project Political Action Committee	00085036
4 Date	5 Payee name	
08/08/2024	Prestige Printing LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$48.51	8 Burwood Ln	
— Forestitus from		
Expenditure from corporate funds	San Antonio, TX 78216-7086	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Printing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		ntative District 118 State Representative District
Data	·	
Date 09/25/2024	Payee name Prestige Printing LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$254.12	8 Burwood Ln	
Expenditure from corporate funds	San Antonio, TX 78216-7086	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	[Check if Austin, TX, officeholder living expense
		Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	· ·	ntative District 118 State Representative District
5 .	·	Thative Bistrict 110 State Representative Bistrict
Date	Payee name	
08/08/2024	Prestige Printing LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$9.61	8 Burwood Ln	
Expenditure from corporate funds	San Antonio, TX 78216-7086	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	P	rinting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Simmons, Lauren State Represer	ntative District 146 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide ex	xplains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 55/92 Rpt:	Texas Organizing Project Politica	al Action Comm	nittee	00085036	
4 Date	5 Payee name				
08/08/2024	Prestige Printing LLC				
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	e		
\$28.59	8 Burwood Ln				
Expenditure from					
corporate funds	San Antonio, TX 78216-7086				
8 PURPOSE	(a) Category (See Categories listed at the top o	of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense			outside of Texas. Com n, TX, officeholder living	
			Printing	I, IA, UIIICEHUIGEI IIVIIIQ	j expense
			9		
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	 ght	Office h	eld
expenditure to benefit C/OI	^H Shaw, Penny	State Rep	resentative Distr	rict 148 State F	Representative District
Date	Payee name				
08/08/2024	Prestige Printing LLC				
Amount (\$)	Payee address; City;	State; Zip Cod	 de		
\$121.16	8 Burwood Ln				
·					
Expenditure from corporate funds	San Antonio, TX 78216-7086				
PURPOSE OF	(a) Category (See Categories listed at the top o	of this schedule)	(b) Description		
EXPENDITURE	Printing Expense		=	outside of Texas. Com n, TX, officeholder living	
			Printing	1, 17, 0111001101201	<i>σ</i> εκροίτσο
			-		
Complete ONLY if direct	Candidate/Officeholder name	Office soug	 ght	Office h	eld
expenditure to benefit C/OI	[†] Flores, Rebeca	Bexar Cor	unty Commission	ner Bexar (County Commissioner
Date	Payee name				
09/12/2024	Prestige Printing LLC				
Amount (\$)	Payee address; City;	State; Zip Cod	 de		
\$240.32	8 Burwood Ln		20		
Expenditure from corporate funds	San Antonio, TX 78216-7086				
PURPOSE	(a) Category (See Categories listed at the top o	of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense		<u> </u>	outside of Texas. Com	
			Printing	n, TX, officeholder living	g expense
			9		
Complete ONLY if direct	Candidate/Officeholder name	Office soug		Office h	hld
expenditure to benefit C/OI			unty Commission		County Commissioner
					,

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide	explains how to c	omplete this form.	5 · · · <u>_</u> · · (c······ · · · ·	
1	Total pages Schedule F1: Sch: 56/92 Rpt:	FILER NAME Texas Organizing Project Polit	ical Action Com	ımittee	3 Filer ID 00085036	(Ethics Commission Filers)
4	Date 09/25/2024	5 Payee name Prestige Printing LLC			. [
6	Amount (\$) \$254.12	7 Payee address; City; 8 Burwood Ln	State; Zip C	ode		
	Expenditure from corporate funds	San Antonio, TX 78216-7086				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	op of this schedule)	ı <u>—</u>	el outside of Texas. Comple tin, TX, officeholder living e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Hores, Rebeca	Office so Bexar C	ught ounty Commissio	Office held oner Bexar Co	d ounty Commissioner
	Date 08/08/2024	Payee name Prestige Printing LLC				
	Amount (\$) \$69.61	Payee address; City; 8 Burwood Ln	State; Zip C	ode		
	Expenditure from corporate funds	San Antonio, TX 78216-7086				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	op of this schedule)	l =	el outside of Texas. Comple tin, TX, officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Ellis, Rodney	Office so Harris C	ught o Commissioner	Office held Harris Co	d Commissioner
	Date 08/08/2024	Payee name Prestige Printing LLC				
	Amount (\$) \$151.63	Payee address; City; 8 Burwood Ln	State; Zip C	ode		
	Expenditure from corporate funds	San Antonio, TX 78216-7086				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	op of this schedule)	ı <u>—</u>	el outside of Texas. Comple tin, TX, officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Teare, Sean	Office so Harris C	ught county DA	Office held None	d

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 57/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/08/2024	Prestige Printing LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$39.61	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/08/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$29.06	8 Burwood Ln
Expenditure from corporate funds	San Antonio, TX 78216-7086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense Printing
	,g
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
Date	Payee name
09/19/2024	Quicktrip
Amount (\$)	Payee address; City; State; Zip Code
\$162.00	7818 Garland Rd
Expenditure from corporate funds	Dallas, TX 75218-4413
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	i i avei
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 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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 58/92 Rpt:	Texas Organizing Project Political Action Comm	nittee 00085036
4 Date	5 Payee name	
09/19/2024	Quicktrip	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le .
\$312.00	7818 Garland Rd	•
+022.00		
Expenditure from corporate funds	Dallas, TX 75218-4413	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel
2		0" 111
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
<u> </u>		
Date	Payee name	
09/20/2024	Quicktrip	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$126.00	7818 Garland Rd	
— Formanditure from		
Expenditure from corporate funds	Dallas, TX 75218-4413	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experialiture to beliefit C/O	'	
Date	Payee name	
09/19/2024	Quicktrip	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$162.00	7818 Garland Rd	
Expenditure from corporate funds	Dallas, TX 75218-4413	
PURPOSE		(b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel III Bistrict	Check if Austin, TX, officeholder living expense
		Travel
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	

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

Candidate/Officenolder/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: 59/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	Quicktrip
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$312.00	7818 Garland Rd
Expenditure from corporate funds	Dallas, TX 75218-4413
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	inavei
• • · · · · · · · · · · · · · · · · · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Quicktrip
Amount (\$)	Payee address; City; State; Zip Code
\$126.00	7818 Garland Rd
Expenditure from corporate funds	Dallas, TX 75218-4413
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel
	i i avei
Organists ONE Wife disease	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Reilly Echols Printing
Amount (\$)	Payee address; City; State; Zip Code
\$2,778.56	1710 S Harwood St
Expenditure from corporate funds	Dallas, TX 75215-1221
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Cry Boson plant. Cry Boson pl
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 60/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/25/2024	Reilly Echols Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$926.05	1710 S Harwood St
- "	
Expenditure from corporate funds	Dallas, TX 75215-1221
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing
	Timung
O Commission ONII V if diment	Condidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 1 Davis, Aicha State Board Of Education District State Board Of Education
<u> </u>	Davis, Aicha State Board Of Education District State Board Of Education
Date	Payee name
09/25/2024	Reilly Echols Printing
Amount (\$)	Payee address; City; State; Zip Code
\$463.02	1710 S Harwood St
, , , ,	
Expenditure from corporate funds	Dallas, TX 75215-1221
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Jones, Venton State Representative District 100 State Representative District
Date	Payee name
09/16/2024	Sandler Reiff Lamp Rosenstein
Amount (\$)	Payee address; City; State; Zip Code
` ′	1090 Vermont Ave NW
\$2,200.00	
Expenditure from	Ste 750
corporate funds	Washington, DC 20005-4970
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Legal Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 61/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
07/08/2024	T-Mobile
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$185.97	12920 SE 38th St
Expenditure from corporate funds	Bellevue, WA 98006-1350
<u>'</u>	Believae, **/ 1 30000 1330
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
2/11/21/10/12	Check if Austin, TX, officeholder living expense
	Cell Phone
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
08/08/2024	T-Mobile
Amount (\$)	Payee address; City; State; Zip Code
\$185.97	12920 SE 38th St
Expenditure from	B. II
corporate funds	Bellevue, WA 98006-1350
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Cell Phone
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
09/09/2024	Taco City y Mas
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$200.53	4812 Bryan St
Expenditure from	
corporate funds	Dallas, TX 75204-8309
PURPOSE	1
OF	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
	l mouis
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 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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 62/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/05/2024	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.56	1000 Nicollet Mall
	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	1000 Nicollet Mall
	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
09/09/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$36.66	1000 Nicollet Mall
- "	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 63/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date 09/11/2024	5 Payee name Target
\$9.99 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1000 Nicollet Mall # TPS-3165 Minneapolis, MN 55403-2542
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
Date 09/11/2024	Payee name Target
Amount (\$) \$41.11 Expenditure from corporate funds	Payee address; City; State; Zip Code 1000 Nicollet Mall # TPS-3165 Minneapolis, MN 55403-2542
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 09/16/2024	Payee name Target
Amount (\$) \$145.06 Expenditure from corporate funds	Payee address; City; State; Zip Code 1000 Nicollet Mall # TPS-3165 Minneapolis, MN 55403-2542
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 64/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/19/2024	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.76	1000 Nicollet Mall
	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Стос Саррпос
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/24/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$101.21	1000 Nicollet Mall
	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Cinice Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/24/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$73.74	1000 Nicollet Mall
	# TPS-3165
Expenditure from corporate funds	Minneapolis, MN 55403-2542
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
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 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 manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 65/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date	5 Payee name
08/23/2024	Texas Organizing Project
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,182.95	700 S Zarzamora St
- "	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Time
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Texas Organizing Project
Amount (\$)	Payee address; City; State; Zip Code
\$2,797.80	700 S Zarzamora St
	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Staff Time
	Stall Tillle
Operation ONE Wife discont	On did to 10 ff as hald a grant Off as south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Texas Organizing Project
Amount (\$)	Payee address; City; State; Zip Code
\$6,685.06	700 S Zarzamora St
	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Time
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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:	· · · · · · · · · · · · · · · · · · ·
Sch: 66/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/23/2024	Texas Organizing Project
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,182.95	700 S Zarzamora St
Expenditure from	Ste 212
corporate funds	San Antonio, TX 78207-5248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Staff Time
	Stan Time
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/06/2024	Texas Organizing Project
Amount (\$)	Payee address; City; State; Zip Code
\$2,797.80	700 S Zarzamora St
	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Staff Time
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
09/20/2024	Texas Organizing Project
Amount (\$)	Payee address; City; State; Zip Code
\$2,596.94	700 S Zarzamora St
— Forestelliture from	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Staff Time
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
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

Candidate/Officenoider/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: 67/92 Rpt:	Texas Organizing Project Political Action	on Committee 00085036
4 Date	5 Payee name	·
09/06/2024	Texas Organizing Project	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
\$179.89	700 S Zarzamora St	
	Ste 212	
Expenditure from corporate funds	San Antonio, TX 78207-5248	
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Time
		Clair Fillio
9 Complete ONLY if direct	Candidate/Officeholder name	Dffice sought Office held
expenditure to benefit C/OI		State Representative District 118 State Representative District
Date	Payee name	
09/06/2024	Texas Organizing Project	
Amount (\$)	Payee address; City; State;	Zip Code
\$467.56	700 S Zarzamora St	
*******	Ste 212	
Expenditure from corporate funds	San Antonio, TX 78207-5248	
•		1457
PURPOSE OF	(a) Category (See Categories listed at the top of this sch	edule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Staff Time
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/OI	^H Flores, Rebeca E	Bexar County Commissioner Bexar County Commissioner
Date	Payee name	
08/23/2024	Texas Organizing Project	
Amount (\$)	Payee address; City; State;	Zip Code
\$854.87	700 S Zarzamora St	
	Ste 212	
Expenditure from corporate funds	San Antonio, TX 78207-5248	
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff Time
Complete ONLY if direct	Candidate/Officeholder name C	Dffice sought Office held
expenditure to benefit C/OI	11	State Board Of Education District State Board Of Education

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

Candidate/Officenoider/Politica	The Instruction Guide ex		mplete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 68/92 Rpt:	Texas Organizing Project Politica	al Action Comr	nittee	00085036
4 Date	5 Payee name			
08/23/2024	Texas Organizing Project			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
\$2,203.60	700 S Zarzamora St			
Expenditure from	Ste 212			
corporate funds	San Antonio, TX 78207-5248			
8 PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor		=	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			Staff Time	TX, officerolder fiving expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
expenditure to benefit C/O	^H Menefee, Christian	Harris Co	ounty Attorney	Harris County Attorney
Date	Payee name			
08/23/2024	Texas Organizing Project			
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$231.60	700 S Zarzamora St			
— Eunanditura from	Ste 212			
Expenditure from corporate funds	San Antonio, TX 78207-5248			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor			outside of Texas. Complete Schedule T. , TX, officeholder living expense
			Staff Time	TA, Officerolder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
expenditure to benefit C/O	Hernandez, Cassandra	El Paso (City Council Distric	ct 3 El Paso City Council District 3
Date	Payee name			
08/23/2024	Texas Organizing Project			
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$2,203.60	700 S Zarzamora St			
- Evacaditura from	Ste 212			
Expenditure from corporate funds	San Antonio, TX 78207-5248			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor		<u> </u>	outside of Texas. Complete Schedule T.
			Check if Austin, Staff Time	, TX, officeholder living expense
			otan imo	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
expenditure to benefit C/O	^H Menefee, Christian	Harris Co	ounty Attorney	Harris County Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide explains hov	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 69/92 Rpt:	Texas Organizing Project Political Action	Committee 00085036
4 Date	5 Payee name	
08/23/2024	Texas Organizing Project	
6 Amount (\$)	,	Zip Code
\$446.17	700 S Zarzamora St	
Expenditure from	Ste 212	
corporate funds	San Antonio, TX 78207-5248	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Time
9 Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	H Morales, Christina Stat	te Representative District 145 State Representative District
Date	Payee name	
08/23/2024	Texas Organizing Project	
Amount (\$)	Payee address; City; State; Z	Zip Code
\$2,203.60	700 S Zarzamora St	
Expenditure from	Ste 212	
corporate funds	San Antonio, TX 78207-5248	<u>-</u>
PURPOSE	(a) Category (See Categories listed at the top of this schedul	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Time
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/O	^H Gonzalez, Ed Har	rris County Sheriff Harris County Sheriff
Date	Payee name	
08/23/2024	Texas Organizing Project	
Amount (\$)	Payee address; City; State; Z	Zip Code
\$885.53	700 S Zarzamora St	
- Evanditura from	Ste 212	
Expenditure from corporate funds	San Antonio, TX 78207-5248	
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Time
		Stan Time
Complete ONLY if direct	Candidate/Officeholder name Offic	L ce sought Office held
expenditure to benefit C/O		te Representative District 118 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

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: 70/92 Rpt:	Texas Organizing Project Polit	ical Action Committee	00085036
4 Date	5 Payee name		•
08/23/2024	Texas Organizing Project		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$139.64	700 S Zarzamora St		
Expenditure from	Ste 212		
corporate funds	San Antonio, TX 78207-5248		
8 PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE	Salaries/Wages/Contract Labo	" <u> </u>	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Staff Time	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Simmons, Lauren	State Representative D	District 146 State Representative District
Date	Payee name		
08/23/2024	Texas Organizing Project		
Amount (\$)	Payee address; City;	State; Zip Code	
\$415.52	700 S Zarzamora St		
Evnanditura from	Ste 212		
Expenditure from corporate funds	San Antonio, TX 78207-5248		
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	1
OF EXPENDITURE	Salaries/Wages/Contract Labo	" <u> </u>	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Staff Time	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Shaw, Penny	State Representative D	District 148 State Representative District
Date	Payee name		
08/23/2024	Texas Organizing Project		
Amount (\$)	Payee address; City;	State; Zip Code	
\$2,288.75	700 S Zarzamora St		
- Evpanditura from	Ste 212		
Expenditure from corporate funds	San Antonio, TX 78207-5248		
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	1
OF EXPENDITURE	Salaries/Wages/Contract Labo	"	ravel outside of Texas. Complete Schedule T.
		Staff Time	Austin, TX, officeholder living expense
		Stail Time	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[†] Flores, Rebeca	Bexar County Commiss	sioner Bexar County Commissioner

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

	The Instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 71/92 Rpt:	Texas Organizing Project Political A	Action Committee	00085036
4 Date	5 Payee name		
08/23/2024	Texas Organizing Project		
6 Amount (\$)	' ' '	tate; Zip Code	
\$1,011.54	700 S Zarzamora St		
Expenditure from	Ste 212		
corporate funds	San Antonio, TX 78207-5248		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Ellis, Rodney	Harris Co Commissioner	Harris Co Commissioner
Date	Payee name		
08/23/2024	Texas Organizing Project		
Amount (\$)	Payee address; City; Si	tate; Zip Code	
\$2,203.60	700 S Zarzamora St		
Expenditure from	Ste 212		
corporate funds	San Antonio, TX 78207-5248		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Teare, Sean	Harris County DA	None
Date	Payee name		
08/23/2024	Texas Organizing Project		
Amount (\$)	Payee address; City; Si	tate; Zip Code	
\$575.59	700 S Zarzamora St		
Expenditure from	Ste 212		
corporate funds	San Antonio, TX 78207-5248		
PURPOSE OF	(a) Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor	· I	el outside of Texas. Complete Schedule T.
EXPENDITURE	J	Check if Austi Staff Time	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Meza, Terry	State Representative Dist	trict 105 State Representative District

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 72/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
08/23/2024	Texas Organizing Project
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$422.33	700 S Zarzamora St
	Ste 212
Expenditure from corporate funds	San Antonio, TX 78207-5248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Staff Time
	Gail Timb
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/20/2024	Texas Organizing Project
Amount (\$)	Payee address; City; State; Zip Code
\$11,997.82	700 S Zarzamora St
Ψ11,997.02	
Expenditure from	Ste 212
corporate funds	San Antonio, TX 78207-5248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Staff Time
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 120296
, ,,,,,,,,,,,	
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Canvassing
	Calivassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 73/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/13/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/OI	<u>'</u>
Date	Payee name
09/25/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
One of the ONE Wife diagram	Out in the Coffice half
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Capyassing
	Canvassing
Complete <u>ONLY</u> 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 Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 74/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/13/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/O	1
Date	Payee name
09/25/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	•
Date	Payee name
08/23/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$83,896.00	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete CNU V if all	Condidate/Officeholder nerse Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	
1 Total pages Schedule F1: Sch: 75/92 Rpt:	2 FILER NAME Texas Organizing Project Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085036
4 Date	5 Payee name
09/03/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 120296
- Evnanditura from	
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/13/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 120296
Ψ2,000.00	1 O BOX 120230
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	
\$45,032.33	PO Box 120296
Expenditure from	0 × 4 × × 7 × 70040 0 400
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Conversion
	Canvassing
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 Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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: 76/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/17/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$172,000.00	PO Box 120296
·	
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
-	Check if Austin, TX, officeholder living expense Canvassing
	Carivassing
O Commission ONLL V if alianest	Condidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/25/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 120296
Evnanditura from	
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$50,000.00	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Operation Children	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 77/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/17/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,105.79	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Canvassing
	S
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$4,317.20	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/01	Davis, Aicha State Board Of Education District State Board Of Education
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$10,040.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Davis, Aicha State Board Of Education District State Board Of Education

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 78/92 Rpt:	Texas Organizing Project Polit	tical Action Committee	00085036
4 Date	5 Payee name		·
09/17/2024	Texas Power Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$5,428.07	PO Box 120296		
Expenditure from			
corporate funds	San Antonio, TX 78212-9496		
8 PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE	Salaries/Wages/Contract Labo	" I 🖳	vel outside of Texas. Complete Schedule T.
		Canvassin	nstin, TX, officeholder living expense
		Garrassin	ອ
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Menefee, Christian	Harris County Attorney	Harris County Attorney
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	Payee address; City;	State; Zip Code	
\$11,128.40	PO Box 120296	•	
·			
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE OF	(a) Category (See Categories listed at the to	ı —	
EXPENDITURE	Salaries/Wages/Contract Labo	, I <u>I</u>	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
		Canvassin	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Menefee, Christian	Harris County Attorney	Harris County Attorney
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	Payee address; City;	State; Zip Code	
\$25,880.00	PO Box 120296	·	
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labo	or Check if tra	vel outside of Texas. Complete Schedule T.
LAFENDITORE			stin, TX, officeholder living expense
		Canvassin	g
Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Harris County Attorney	Harris County Attorney
•	Meneree, Christian	Tiams County Attorney	Hams County Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 79/92 Rpt:	Texas Organizing Project Political Action	on Committee 00085036	
4 Date	5 Payee name		
09/17/2024	Texas Power Strategies		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$570.49	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing	
9 Complete ONLY if direct		office sought Office held	
expenditure to benefit C/OI	^H Hernandez, Cassandra E	Paso City Council District 3 El Paso City Council District 3	
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	,	Zip Code	
\$1,169.60	PO Box 120296		
+ 2,233.33	. 6 26% 22020		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct	Candidate/Officeholder name C	office sought Office held	
expenditure to benefit C/OI	^H Hernandez, Cassandra E	Paso City Council District 3 El Paso City Council District 3	
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2,720.00	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct		office sought Office held	
expenditure to benefit C/OI	Hernandez, Cassandra E	Paso City Council District 3 El Paso City Council District 3	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 80/92 Rpt:	Texas Organizing Project Political Action Comn	nittee 00085036
4 Date	5 Payee name	
09/17/2024	Texas Power Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Cod PO Box 120296	de
\$5,428.07	LO POX 150530	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
·	[□] Menefee, Christian Harris Co	unty Attorney Harris County Attorney
Date	Payee name	
09/16/2024	Texas Power Strategies	
Amount (\$)	Payee address; City; State; Zip Cor PO Box 120296	de
\$11,128.40	PO BOX 120290	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
PURPOSE OF	,	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
	Tanis Co	unty Attorney Harris County Attorney
Date	Payee name	
09/16/2024	Texas Power Strategies	
Amount (\$) \$25,880.00	Payee address; City; State; Zip Coil PO Box 120296	de
φ20,000.00	LO POX 150530	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
PURPOSE OF	, , ,	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
experiulture to beliefit 6/01	Menefee, Christian Harris Co	unty Attorney Harris County Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 81/92 Rpt:	Texas Organizing Project Political Action Co	ommittee 00085036
4 Date	5 Payee name	
09/17/2024	Texas Power Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$1,099.04	PO Box 120296	
Expenditure from		
corporate funds	San Antonio, TX 78212-9496	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
9 Complete ONLY if direct	Candidate/Officeholder name Office	L Sought Office held
expenditure to benefit C/OI	Horales, Christina State	Representative District 145 State Representative District
Date	Payee name	
09/16/2024	Texas Power Strategies	
Amount (\$)	Payee address; City; State; Zip	Code
\$2,253.20	PO Box 120296	
,	1 0 20% 120200	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office	L sought Office held
expenditure to benefit C/OI		Representative District 145 State Representative District
Date	Payee name	<u> </u>
09/16/2024	Texas Power Strategies	
	3	Codo
Amount (\$) \$5,240.00	Payee address; City; State; Zip PO Box 120296	Code
Ψ5,240.00	FO BOX 120290	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense Canvassing
		Carivassing
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		sought Office held Representative District 145 State Representative District
	wordes, Christina State	Representative District 143 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1: Sch: 82/92 Rpt:		ical Action Committee	3 Filer ID (Ethics Commission Filers) 00085036
<u> </u>	Texas Organizing Project Politi		00063030
4 Date 09/17/2024	5 Payee name Texas Power Strategies		
6 Amount (\$) \$5,428.07	7 Payee address; City; PO Box 120296	State; Zip Code	
Expenditure from corporate funds	San Antonio, TX 78212-9496		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Salaries/Wages/Contract Labo	r Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Gonzalez, Ed	Harris County Sheriff	Harris County Sheriff
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	Payee address; City;	State; Zip Code	
\$11,128.40	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Salaries/Wages/Contract Labo	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	d Gonzalez, Ed	Harris County Sheriff	Harris County Sheriff
Date 09/16/2024	Payee name Texas Power Strategies		
Amount (\$)	Payee address; City;	State; Zip Code	
\$25,880.00	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE OF	(a) Category (See Categories listed at the to	l —	
EXPENDITURE	Salaries/Wages/Contract Labo	' <u> </u>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Gonzalez, Ed	Harris County Sheriff	Harris County Sheriff

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 83/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/16/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17,165.60	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Canvassing
	- Canaconig
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Dexail dearly chemic Bexail dearly chemic
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$39,920.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Salazar, Javier Bexar County Sheriff Bexar County Sheriff
Date	Payee name
09/17/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$2,181.30	PO Box 120296
Ψ2,101.30	FO BOX 120290
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Canvassing
	Canvassing
Commission ONII V if dispose	Constitute / Office helder marks Office according
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Carranza, Kristian State Representative District 118 State Representative	
•	Carranza, Kristian State Representative District 118 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card F dyment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 84/92 Rpt:	Texas Organizing Project Political Action Com	nmittee 00085036
4 Date	5 Payee name	
09/16/2024	Texas Power Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$3,560.40	PO Box 120296	
Expenditure from	San Antonio, TX 78212-9496	
corporate funds		Ta.,
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Jaianes/wages/Contract Last.	Check if Austin, TX, officeholder living expense
		Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	•
Experialitate to beliefit 5,5.	Carranza, Kristian State Re	epresentative District 118 State Representative District
Date	Payee name	
09/16/2024	Texas Power Strategies	
Amount (\$)	Payee address; City; State; Zip C	ode
\$8,280.00	PO Box 120296	
Expenditure from		
corporate funds	San Antonio, TX 78212-9496	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	¹ Carranza, Kristian State Re	epresentative District 118 State Representative District
Date	Payee name	
09/17/2024	Texas Power Strategies	
Amount (\$)	Payee address; City; State; Zip C	ode
\$343.97	PO Box 120296	
Expenditure from corporate funds	San Antonio, TX 78212-9496	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Canvassing
		Carivassing
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		epresentative District 146 State Representative District
		,

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 85/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/16/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$705.20	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
E/11 E1191. C.1.	Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit 6/01	Simmons, Lauren State Representative District 146 State Representative District
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,640.00	PO Box 120296
Ψ±,0+0.00	FO BOX 120290
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORL	Check if Austin, TX, officeholder living expense
	Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	State Representative District 146 State Representative District
Date	Payee name
09/17/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,023.53	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	State Representative District 148 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Layment	The Instruction Guide expl	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 86/92 Rpt:	Texas Organizing Project Political	Action Committee	00085036
4 Date	5 Payee name		
09/16/2024	Texas Power Strategies		
6 Amount (\$)		State; Zip Code	
\$2,098.40	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
8 PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trav	vel outside of Texas. Complete Schedule T.
EAF LINDI I GIAL			stin, TX, officeholder living expense
		Canvassin	9
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		· ·	strict 148 State Representative District
Dete		- Ctato Representative Bit	Salet 1 to State Representative Bleater
Date	Payee name		
09/16/2024	Texas Power Strategies		
Amount (\$)	, , , , , , , , , , , , , , , , , , , ,	State; Zip Code	
\$4,880.00	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trav	vel outside of Texas. Complete Schedule T.
		Canvassing	stin, TX, officeholder living expense
		Carryaconi	9
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		•	strict 148 State Representative District
Data			
Date 09/17/2024	Payee name Texas Power Strategies		
Amount (\$)		State; Zip Code	
\$5,637.81	PO Box 120296		
Expenditure from corporate funds	San Antonio, TX 78212-9496		
PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor		vel outside of Texas. Complete Schedule T.
		Canvassing	stin, TX, officeholder living expense
		Canvassing	9
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Bexar County Commissi	
	1.0100, 1.05000	Boxar County Commiscon	Doxar County Commiscioner

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card F dyment	The Instruction Guide ex	plains how to complete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
Sch: 87/92 Rpt:	Texas Organizing Project Politica	l Action Committee	0	0085036	
4 Date	5 Payee name				
09/16/2024	Texas Power Strategies				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$8,892.40	PO Box 120296				
Expenditure from corporate funds	San Antonio, TX 78212-9496				
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Descri	intion		
OF	Salaries/Wages/Contract Labor	′ I —	eck if travel outside	of Texas. Com	plete Schedule T.
EXPENDITURE			eck if Austin, TX, of	ficeholder living	ı expense
		Canv	assing		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Hores, Rebeca	Office sought Bexar County Com	missionor	Office he	
·	Fibres, Rebeca	Bexai County Com	IIIIISSIUITEI		County Commissioner
Date	Payee name				
09/16/2024	Texas Power Strategies				
Amount (\$)	Payee address; City;	State; Zip Code			
\$20,680.00	PO Box 120296				
Expenditure from corporate funds	San Antonio, TX 78212-9496				
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Descri	iption		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Che	eck if travel outside		
			eck if Austin, TX, of assing	ficeholder living	g expense
		Carry	assing		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ald.
expenditure to benefit C/OI		Bexar County Com	nmissioner		County Commissioner
Date					
09/17/2024	Payee name Texas Power Strategies				
	, , , , , , , , , , , , , , , , , , ,	State; Zip Code			
Amount (\$) \$2,491.71	Payee address; City; PO Box 120296	State, Zip Code			
Ψ ∠,+ 3±.1±	FO BOX 120290				
Expenditure from corporate funds	San Antonio, TX 78212-9496				
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Descri	iption		
OF EXPENDITURE	Salaries/Wages/Contract Labor		eck if travel outside		
			eck if Austin, TX, of assing	ficenolaer living	g expense
		50	assing		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	əlq
expenditure to benefit C/OI		Harris Co Commiss	sioner		Co Commissioner

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Pavment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	e explains how to complete this	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 88/92 Rpt:	Texas Organizing Project Polit	tical Action Committee		00085036	
4 Date	5 Payee name				
09/16/2024	Texas Power Strategies				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$5,108.40	PO Box 120296				
Expenditure from corporate funds	San Antonio, TX 78212-9496				
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Desc	ription		
OF EXPENDITURE	Salaries/Wages/Contract Labo	or 📗 🗀 Ch			nplete Schedule T.
			neck if Austin, TX Vassing	K, officeholder livin	g expense
		Can	vassing		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
expenditure to benefit C/O		Harris Co Commis	ssioner		Co Commissioner
Date	Payee name				
09/16/2024	Texas Power Strategies				
Amount (\$)	Payee address; City;	State; Zip Code			
\$11,880.00	PO Box 120296				
+== ,000.00					
Expenditure from corporate funds	San Antonio, TX 78212-9496				
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Desc	ription		
OF EXPENDITURE	Salaries/Wages/Contract Labo	, I <u>I</u>		side of Texas. Con (, officeholder livin	nplete Schedule T.
		-	vassing	k, officeriolder livili	y expense
			3		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
expenditure to benefit C/O	H Ellis, Rodney	Harris Co Commis	ssioner	Harris	Co Commissioner
Date	Payee name				
09/17/2024	Texas Power Strategies				
Amount (\$)	Payee address; City;	State; Zip Code			
\$5,428.07	PO Box 120296	State, Zip Gode			
70, .20.0					
Expenditure from corporate funds	San Antonio, TX 78212-9496				
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Desc	ription		
OF EXPENDITURE	Salaries/Wages/Contract Labo	or 🔲 🗀 ch			nplete Schedule T.
		-	neck if Austin, TX VASSİNG	K, officeholder livin	g expense
		Can	vassing		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
expenditure to benefit C/O		Harris County DA		None	J. J
	,			2	

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expla	nins how to complete	his form.	g.,,,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (E	thics Commission Filers)
Sch: 89/92 Rpt:	Texas Organizing Project Political A	Action Committee	00085036	
4 Date	5 Payee name			
09/16/2024	Texas Power Strategies			
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code		
\$11,128.40	PO Box 120296			
Expenditure from corporate funds	San Antonio, TX 78212-9496			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule) (b) De	escription	
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe	
		L	anvassing	erise
			anvaconig	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		Harris County D		
	reare, sear			
Date	Payee name			
09/16/2024	Texas Power Strategies			
Amount (\$)	Payee address; City; St	tate; Zip Code		
\$25,880.00	PO Box 120296			
— E dik from				
Expenditure from corporate funds	San Antonio, TX 78212-9496			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) De	escription	
OF	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete	Schedule T.
EXPENDITURE	3		Check if Austin, TX, officeholder living expe	ense
		C	anvassing	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	Teare, Sean	Harris County [OA None	
Date	Payee name			
09/17/2024	Texas Power Strategies			
Amount (\$)	Payee address; City; St	tate; Zip Code		
\$1,417.84	PO Box 120296	•		
·				
Expenditure from corporate funds	San Antonio, TX 78212-9496			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) De	escription	
OF EXPENDITURE	Salaries/Wages/Contract Labor	· 🗀	Check if travel outside of Texas. Complete	
LAFLINDITORL		_	Check if Austin, TX, officeholder living expe	ense
		C	anvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	e et a Branco
experiancie to benefit c.c.	[⊣] Meza, Terry	State Represer	tative District 105 State Repr	esentative District

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 90/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/16/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,906.80	PO Box 120296
— Foresedit ve from	
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/16/2024	Texas Power Strategies
	5
Amount (\$)	Payee address; City; State; Zip Code
\$6,760.00	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Canvassing
	Canvacang
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	
09/17/2024	Payee name Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,040.31	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
Operation Children	Open Higher (Office health are nown)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Jones, Venton State Representative District 100 State Representative District
,	Jones, Venton State Representative District 100 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 91/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/16/2024	Texas Power Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,132.80	PO Box 120296
Expenditure from corporate funds	San Antonio, TX 78212-9496
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	¹ Jones, Venton State Representative District 100 State Representative District
Date	Payee name
09/16/2024	Texas Power Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$4,960.00	PO Box 120296
Expenditure from	
corporate funds	San Antonio, TX 78212-9496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Canvassing
	Carivassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
09/20/2024	Whataburger
Amount (\$)	Payee address; City; State; Zip Code
\$61.42	2209 N Tarrant Pkwy
Expenditure from corporate funds	Fort Worth, TX 76177-2204
PURPOSE	In .
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
1	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 92/92 Rpt:	Texas Organizing Project Political Action Committee 00085036
4 Date	5 Payee name
09/21/2024	Whataburger
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$146.40	2209 N Tarrant Pkwy
Expenditure from corporate funds	Fort Worth, TX 76177-2204
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/21/2024	Whataburger
Amount (\$)	Payee address; City; State; Zip Code
\$6.96	2209 N Tarrant Pkwy
, , , , ,	,
Expenditure from corporate funds	Fort Worth, TX 76177-2204
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/09/2024	Wing Stop
Amount (\$)	Payee address; City; State; Zip Code
\$251.33	1133 N Zang Blvd
\$201.00	
Expenditure from corporate funds	Dallas, TX 75203-1385
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·