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) 00085127 3 COMMITTEE NAME **OFFICE USE ONLY** Texans For Responsible Government PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 919 Congress Suite 1255 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jon C. NAME NICKNAME LAST **SUFFIX** Chris Britton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 919 Congress Suite 1255 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Suite 1255 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 480-0006 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)	
Texans For Responsible Government PAC			00085127	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angie Chen Button State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	78,062.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	253,964.17
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Jon	C. Britton	
		Signature of Car	npaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Cignoture of officers	administoring soth	Drinted name of officer administrative and	Title of effer-	por administaring as the
Signature of officer a	wiiiisteilig Odlii	Printed name of officer administering oath	THE OF OHIC	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

				Page 3 of 7
			13 Filer ID	(Ethics Commission Filers)
e Government PAC			00085127	,
1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan State R	epresentative	
	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.)				
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Lujan State Rep	presentative	
	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.)				
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported John Lujan State Republicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported John Lujan State Republicable, classify by party.) B. Opposed	e Government PAC 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported John Lujan State Representative B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 7
	Texans For Responsible Government PAC 18 Filer ID 00085127		(Ethics Commission Filers)	
19 SCHE	DULE	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 76,862.50
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,200.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 1/2 Rpt: 5/7	Texans For Responsible Government PAC 00085127
4 Date	5 Payee name
09/24/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	6914 Clear Springs Cir
Expenditure from corporate funds	Garland, TX 75044
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
07/03/2024	Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$17.50	270 PARK AVE
Expenditure from corporate funds	New York, NY 10017
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/25/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 5990
·	
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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	d 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: 2/2 Rpt: 6/7	Texans For Responsible Government PAC 00085127
4 Date	5 Payee name
09/25/2024	John Lujan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	30003 FM 1937
Expenditure from corporate funds	San Antonio, TX 78221
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/26/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$1,845.00	PO Box 341027
Expenditure from corporate funds	Austin, TX 78734
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 Compliance Consulting
	Compilance Consulting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Texans For Responsible Government PAC 00085127 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 07/01/2024 RightSide Compliance Amount (\$) Payee address; City; State; Zip Code \$1,200.00 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH