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) 00081062 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Victory Fund 2020 PAC Date Received **ELECTRONICALLY FILED** 10/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1006 Banister Ln., Apt. 1001 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven NAME NICKNAME LAST **SUFFIX** Rivas STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1006 Banister Ln., Apt. 1001 STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1006 Banister Ln. Bldg. 10, Apt. 1001 MAILING **ADDRESS** Austin, TX 78704 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 310-4224 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 Year 10 PERIOD 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 Victory Fund 2	2020 PAC		00081062	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	838.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	893.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,094.18
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Stev	en Rivas	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	eer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 17
17 COM	1MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Texa	as Vic	tory Fund 2020 PAC	00081062	,
		E SUBTOTALS		
	IE OF S		SUBTOTAL AMOUNT	
147 (14)				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 838.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 893.52
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/17	
2	FILER NAME Texas Victor	y Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	Filers)
4	Date 07/08/2024	 Full name of contributor out-of-state PAC (ID#: ATKINSON-ADAMS, DONALD Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	SAN LEANDRO, CA 94577 pation / Job title (See Instructions) DYED	9	Employer (See Instructions) 5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ATKINSON-ADAMS, DONALD Contributor address; City; State; Zip Code SAN LEANDRO, CA 94577				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions) DYED		Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_ATKINSON-ADAMS, DONALD Contributor address; City; State; Zip Code SAN LEANDRO, CA 94577)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions NOT EMPLOYED	<u> </u>		
	Date 07/27/2024	Full name of contributor out-of-state PAC (ID#:_BAILEY, SYLVIA Contributor address; City; State; Zip Code MCKINNEY, TX 75072				Amount of Contribution (\$)	\$25.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED		Employer (See Instructions NOT EMPLOYED	5)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: BAILEY, SYLVIA Contributor address; City; State; Zip Code MCKINNEY, TX 75072)		Amount of Contribution (\$)	\$25.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED		Employer (See Instructions NOT EMPLOYED	s)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to comp	lete this for	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/17	
2	FILER NAME Texas Victor	y Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	Filers)
4	Date 07/17/2024	 Full name of contributor out-of-stage out-o)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	VALLEY VILLAGE, CA 91607 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
	NOT EMPLO			NOT EMPLOYED	')		
	Date 08/17/2024	GARD, JO				Amount of Contribution (\$)	\$5.00
	Dringinal occu	VALLEY VILLAGE, CA 91607		Employer (See Instructions			
	NOT EMPLO	pation / Job title (See Instructions) DYED		Employer (See Instructions NOT EMPLOYED	')		
	Date 09/17/2024	GARD, JO	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
		VALLEY VILLAGE, CA 91607					
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED		Employer (See Instructions NOT EMPLOYED	i)		
	Date 07/16/2024	GOSSE, THOMAS				Amount of Contribution (\$)	\$7.00
	Principal occu SALES	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/16/2024	Full name of contributor out-of-sta GOSSE, THOMAS Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$7.00
	Principal occu SALES	pation / Job title (See Instructions)		Employer (See Instructions	()		
			•				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/17	
2	FILER NAME Texas Victor	y Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	ı Filers)
4	Date 09/16/2024	GOSSE, THOMAS	PAC (ID#:		7	Amount of Contribution (\$)	\$7.00
Ω	Principal occu	MAGNOLIA, TX 77354 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	SALES	oation / Job title (See instructions)	ľ	SELF SELF	·)		
	Date 07/02/2024	Full name of contributor out-of-state JACOBS, KATHY Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$10.00
		CHELAN, WA 98816					
		pation / Job title (See Instructions) ARCHITECT		Employer (See Instructions SABRE INC.	s)		
	Date 08/02/2024	Full name of contributor out-of-state JACOBS, KATHY Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		CHELAN, WA 98816					
	•	pation / Job title (See Instructions) ARCHITECT		Employer (See Instructions SABRE INC.	s)		
	Date 09/02/2024	JACOBS, KATHY Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	•	CHELAN, WA 98816 pation / Job title (See Instructions) ARCHITECT		Employer (See Instructions SABRE INC.	<u> </u> s)		
	Date 07/15/2024	Full name of contributor out-of-state OVERBECK, JOHN Contributor address; City; State; Zip Code PHILADELPHIA, PA 19119-1528)	•	Amount of Contribution (\$)	\$10.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/17	
2	FILER NAME Texas Victor	y Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	Filers)
4	Date 08/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	PHILADELPHIA, PA 19119-1528 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	RETIRED	,		N/A	,		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_OVERBECK, JOHN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		PHILADELPHIA, PA 19119-1528					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ PRESSMAN, RICHARD Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78230					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions ST. MARY'S UNIVERSI		,	
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ PRESSMAN, RICHARD Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230)		Amount of Contribution (\$)	\$10.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions ST. MARY'S UNIVERSI		,	
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ PRESSMAN, RICHARD Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230)		Amount of Contribution (\$)	\$10.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions ST. MARY'S UNIVERSI		,	
		·					

	MONET	ARY POLITICAL CONTRIBUT	IOI	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/17	
2	FILER NAME Texas Victor	/ Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	n Filers)
4	Date 07/22/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	GALVESTON, TX 77550 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (II ROBINSON, SALLY Contributor address; City; State; Zip Code		UTMB		Amount of Contribution (\$)	\$100.00
	Principal occu PHYSICIAN	GALVESTON, TX 77550 pation / Job title (See Instructions)		Employer (See Instructions UTMB	<u> </u> s)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (II ROBINSON, SALLY Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$100.00
	Principal occu PHYSICIAN	GALVESTON, TX 77550 Dation / Job title (See Instructions)		Employer (See Instructions UTMB	<u> </u> s)		
	Date 07/27/2024	Full name of contributor out-of-state PAC (II SAWTELL, CYNTHIA Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (II SAWTELL, CYNTHIA Contributor address; City; State; Zip Code SAN ANSELMO, CA 94960			•	Amount of Contribution (\$)	\$50.00
	Principal occu NOT EMPLO	oation / Job title (See Instructions) YED		Employer (See Instructions NOT EMPLOYED	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/17	
2	FILER NAME Texas Victor	/ Fund 2020 PAC			3	Filer ID (Ethics Commission 00081062	n Filers)
4	Date 07/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	WAXAHACHIE, TX 75167 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state PASTOCKMAN, GAIL Contributor address; City; State; Zip Code WAXAHACHIE, TX 75167)		Amount of Contribution (\$)	\$50.00
	Principal occu PHYSICIAN	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 09/14/2024	Full name of contributor out-of-state PASTOCKMAN, GAIL Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu PHYSICIAN	WAXAHACHIE, TX 75167 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 07/18/2024	Full name of contributor out-of-state PA WINSLOW, DYLAN Contributor address; City; State; Zip Code SALT LAKE CITY, UT 84102-2721)		Amount of Contribution (\$)	\$12.50
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions		LIBRARY	
	Date 08/18/2024	Full name of contributor out-of-state PAWINSLOW, DYLAN Contributor address; City; State; Zip Code SALT LAKE CITY, UT 84102-2721				Amount of Contribution (\$)	\$12.50
	Principal occup	oation / Job title (See Instructions) SISTANT		Employer (See Instructions SALT LAKE CITY PUBI		LIBRARY	
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/17
2	FILER NAME	y Fund 2020 PAC		3	Filer ID (Ethics Commission Filers) 00081062
4	Date 09/18/2024	5 Full name of contributor out-of-state PAC (ID#: WINSLOW, DYLAN 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$12.50
_	<u> </u>	SALT LAKE CITY, UT 84102-2721	la = 1 (0 1 1 ii	<u> </u>	
8	LIBRARY AS	pation / Job title (See Instructions) SSISTANT	9 Employer (See Instructions SALT LAKE CITY PUBI		LIBRARY

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

t 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 11/17	Texas Victory Fund 2020 PAC	00081062
4 Date	5 Payee name	
07/09/2024	Action Network	
6 Amount (\$)	7 Payee address; City; State; Zip Code	e
\$10.00	1900 L Street NW, No. 900	
Expenditure from		
corporate funds	Washington, DC 20036	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Web Service(s)
		, ,
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI		
Date	Payee name	
08/09/2024	Action Network	
Amount (\$)	Payee address; City; State; Zip Code	2
\$10.00	1900 L Street NW, No. 900	
Ψ10.00	1300 L Street NW, No. 300	
Expenditure from corporate funds	Washington, DC 20036	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Web Service(s)
		Digital Web Service(3)
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	i. Cindo ficia
Date	Payeo namo	
09/09/2024	Payee name Action Network	
		2
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L Street NW, No. 900	5
Φ10.00	1900 L Stieet INVV, INO. 900	
Expenditure from corporate funds	Washington, DC 20036	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Digital Web Service(s)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal manua Calcadula E4.	·
1 Total pages Schedule F1: Sch: 2/7 Rpt: 12/17	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Victory Fund 2020 PAC00081062
4 Date	5 Payee name
07/15/2024	Frost Bank
0111312024	ווטל שמות
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
Expenditure from	
corporate funds	San Antonio, TX 78205
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
	Banking Fee(s)
	Danning 1 00(0)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Data	
Date	Payee name
07/22/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
\$15.00	TIT W Housian St Suite 100
- Cynonditure from	
Expenditure from corporate funds	San Antonio, TX 78205
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
	Banking Fee(s)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •
·	
Date	Payee name
07/29/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
Expenditure from	Can Antonia TV 7020F
corporate funds	San Antonio, TX 78205
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
	Banking Fee(s)
Complete ONLY !f -!! !	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel 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: 3/7 Rpt: 13/17	Texas Victory Fund 2020 PAC 00081062
4 Date	5 Payee name
08/05/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
Expenditure from corporate funds	San Antonio, TX 78205
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
	Banking Fee(s)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/12/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
Expenditure from corporate funds	San Antonio, TX 78205
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
	Banking Fee(s)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/19/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	111 W Houston St Suite 100
,	
Expenditure from corporate funds	San Antonio, TX 78205
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 Banking Fee(s)
	Dalikiliy Fee(5)
Complete CMLV if alia	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee Lega	Awards/Memorials Expent I Services Instruction Guide (Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1 Total pages Schedule F1: 2 FILER			FII FR NAME						Filer ID	(Ethics Commission Fil	lers)
	Sch: 4/7 Rpt: 14/17	_	Texas Victory Fund 2020 PAC				ľ	00081062	(=1	, ,	
4	Date	5	Payee name								
	08/26/2024		Frost Bank								
6	Amount (\$)	7	Payee address;	City;	State; Zip C	ode					
	\$15.00		111 W Houston	St Suite 100							
	Expenditure from corporate funds		San Antonio, T	X 78205							
8	PURPOSE	(a)	Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE			Accounting/Banking				=		utside of Texas. Complete Schedule T. TX, officeholder living expense		
							_				
							Banking Fee((5)			
_			- " - '- '- '- '-			<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeho	older name	Office so	ught			Office h	eld	
	Date		Payee name								
	09/03/2024		Frost Bank								
	Amount (\$)		Payee address;	City;	State; Zip C	ode					
	\$15.00		111 W Houston	St Suite 100							
	Expenditure from corporate funds		San Antonio, T	X 78205							
	PURPOSE	(a)	Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Accounting/Bar		,		_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		_	_			_		officeholder living	expense	
							Banking Fee((S)			
		L				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeho	older name	Office so	ught			Office h	eld	
	Date		Payee name								
	09/09/2024		Frost Bank								
	Amount (\$)		Payee address;	City;	State; Zip C	ode					
	\$15.00		111 W Houston	St Suite 100							
	- "										
	Expenditure from corporate funds		San Antonio, T	X 78205							
	PURPOSE	(a)	Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Accounting/Bar	nking			\square			plete Schedule T.	
							ш		officeholder living	expense	
							Banking Fee((3)			
	Complete ONLY if direct	Ц,	Candidate/Officeho	older name	Office so	uaht			Office he	7ld	
expenditure to benefit C/OH											
l											

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 Legal Services 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: 5/7 Rpt: 15/17	Texas Victory Fund 2020 PAC 00081062					
4 Date	5 Payee name					
09/16/2024	Frost Bank					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$15.00	111 W Houston St Suite 100					
Expenditure from corporate funds	San Antonio, TX 78205					
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 Banking Fee(s)					
	Bullining 1 cc(3)					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Data						
Date	Payee name					
09/23/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$15.00	111 W Houston St Suite 100					
- Evenanditura from						
Expenditure from corporate funds	San Antonio, TX 78205					
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					
	Banking Fee(s)					
One make the ONII Wife diagram	On didn't Office helds					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
·						
Date	Payee name					
07/09/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$10.00	111 W Houston St Suite 100					
Expenditure from						
corporate funds	San Antonio, TX 78205					
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					
	Banking Fee(s)					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
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 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						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 6/7 Rpt: 16/17	Texas Victory Fund 2020 PAC 00081062					
4 Date	5 Payee name					
07/31/2024	Frost Bank					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$10.00	111 W Houston St Suite 100					
- "						
Expenditure from corporate funds	San Antonio, TX 78205					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder living expense Banking Fee(s)					
	Banking Fee(s)					
O Complete ONLY !! -!!	Condidate/Officeholder name					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
08/09/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$10.00	111 W Houston St Suite 100					
Expenditure from corporate funds	San Antonio, TX 78205					
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					
	Banking Fee(s)					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
onponditure to belieff 6/01						
Date	Payee name					
08/30/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$10.00	111 W Houston St Suite 100					
Expenditure from corporate funds	San Antonio, TX 78205					
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					
	Banking Fee(s)					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
4 Takal manna Cabadula Edu								
1 Total pages Schedule F1: Sch: 7/7 Rpt: 17/17	l	= ory Fund 2020 PAC		3 Filer ID 00081062	(Ethics Commission Filers)			
4 Date	5 Payee name	Payee name						
09/09/2024	Frost Bank							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$10.00	111 W Houston St Suite 100							
Expenditure from corporate funds	San Antonio, TX 78205							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Accounting		,	Check if travel	outside of Texas. Com	plete Schedule T.		
EXPENDITORE				ш	n, TX, officeholder living	expense		
				Banking Fee	(S)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iceholder name	Office sough	nt	Office he	eld		
Date	Payee name	!						
09/25/2024	Sinch Mailjet							
,								
Amount (\$) Payee address; City; State; Zip Code \$148.52 3500 Lenox Road NE Suite #1875								
Ψ140.32	3300 Leno	TOUGHT NE Suite #107	,					
Expenditure from corporate funds Atlanta, GA 30326								
PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule) (t	Description				
OF EXPENDITURE	Advertising Expense							
-					Austin, TX, officeholder living expense			
				Digital Web S	services			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					eld			
	Г							
Date	Payee name							
07/15/2024 The Rivas Group								
Amount (\$)	Payee addre	ess; City;	State; Zip Code	e				
\$500.00								
Expenditure from corporate funds Austin, TX 78704								
PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule) (t	Description				
OF EXPENDITURE	Consulting	Expense			outside of Texas. Com			
-					n, TX, officeholder living nd Compliance			
				Consulting at	na Compilance	201 AICE2		
Occupation Children	0	Sandanda an an	O#: :			.1.1		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eia		
Forms provided by Texas F	thice Commice	ion wasse of	nice etate ty ue			Version V// 1 0 /9da51f7		