

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087189	2 Total pages filed: 462
3 COMMITTEE NAME Texas Majority PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 66100 Houston, TX 77266		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jason NICKNAME LAST SUFFIX Lee		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3602 Garrott St. #3 Houston, TX 77006		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 66100 Houston, TX 77266		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 656-1043		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Majority PAC		13 Filer ID (Ethics Commission Filers) 00087189
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,368,806.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,018,023.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,370,350.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jason Lee

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 462

17 COMMITTEE NAME Texas Majority PAC		18 Filer ID (Ethics Commission Filers) 00087189
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,339,634.01
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 29,172.51
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,018,023.87
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/346 Rpt: 4/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Janelle <hr/> 6 Contributor address; City; State; Zip Code Carmel, IN 46280-1227	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00492140) Ab PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20005-2005	Amount of Contribution (\$) \$1,995,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00492140) Ab PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20005-2005	Amount of Contribution (\$) \$180,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott, Diana <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-4187	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdullah, Dawud <hr/> Contributor address; City; State; Zip Code Boardman, OH 44512-4015	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/346 Rpt: 5/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abecassis, Juliette <hr/> 6 Contributor address; City; State; Zip Code Pembroke Pines, FL 33029-4001	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Joyce <hr/> Contributor address; City; State; Zip Code Cave Junction, OR 97523-9728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Joyce <hr/> Contributor address; City; State; Zip Code Cave Junction, OR 97523-9728	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abruzzo, Joan <hr/> Contributor address; City; State; Zip Code Bayside, NY 11360	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Paula <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705-6709	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/346 Rpt: 6/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Tom <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78261-4406	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adele, Julie <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90814-2300	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Jorge <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-5344	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) American Airlines
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albers, Harold <hr/> Contributor address; City; State; Zip Code Art, TX 76820-0099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Addie <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-6218	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/346 Rpt: 7/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alka, Karen <hr/> 6 Contributor address; City; State; Zip Code Gainesville, TX 76240-9415	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Rebecca <hr/> Contributor address; City; State; Zip Code Tigard, OR 97223-2896	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tammra <hr/> Contributor address; City; State; Zip Code Sioux Falls, SD 57103-3606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Richard D. Allen DDS PC
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Thelma <hr/> Contributor address; City; State; Zip Code Cary, NC 27519-7244	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almodovar, Sixto <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117-1233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/346 Rpt: 8/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonzo, Gilbert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75235-8335	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Mail Carrier		9 Employer (See Instructions) USPS
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alton, Walter <hr/> Contributor address; City; State; Zip Code Cherry Plain, NY 12040-0033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anders, Steve <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Nancy <hr/> Contributor address; City; State; Zip Code Erie, PA 16505-2345	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Nancy <hr/> Contributor address; City; State; Zip Code Erie, PA 16505-2345	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/346 Rpt: 9/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Nancy <hr/> 6 Contributor address; City; State; Zip Code Erie, PA 16505-2345	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Nancy <hr/> Contributor address; City; State; Zip Code Erie, PA 16505-2345	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Gaye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75237-2456	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Chase
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Gaye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75237-2456	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Chase
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sandy <hr/> Contributor address; City; State; Zip Code Broomfield, CO 80023-9540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Illuminate Sales Potential, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/346 Rpt: 10/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Teresa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-3506	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Mcgonigel's Mucky Duck
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Teresa <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3506	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Mcgonigel's Mucky Duck
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anozie, Lynda <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21239-1805	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antevil, Jared <hr/> Contributor address; City; State; Zip Code Highland, MD 20777-9508	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dept of Veterans Affairs
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antevil, Jared <hr/> Contributor address; City; State; Zip Code Highland, MD 20777-9508	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dept of Veterans Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/346 Rpt: 11/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Scott <hr/> 6 Contributor address; City; State; Zip Code Pacifica, CA 94044-3247	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armitstead, Nancy <hr/> Contributor address; City; State; Zip Code Suffolk, VA 23435-3899	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Kimberly <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080-4470	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Target
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arn, Denise <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47401-7153	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Jordan <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-6104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr. Product Manager		Employer (See Instructions) King Entertainment

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/346 Rpt: 12/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur, Katherine <hr/> 6 Contributor address; City; State; Zip Code Costa Mesa, CA 92627-3163	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Veracode
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur, Katie <hr/> Contributor address; City; State; Zip Code Costa Mesa, CA 92627-3163	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Assadi, Connie <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-2970	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Manning & Associates PC
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-6836	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-6836	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/346 Rpt: 13/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Karen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77023-4014	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Gail <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-2234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avey, Melinda <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664-9618	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avey, Melinda <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664-9618	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avey, Melinda <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664-9618	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/346 Rpt: 14/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avey, Melinda <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664-9618	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayee, Norma <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33460-2705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baadsgaard, Sue <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223-1121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babcock, Harvey <hr/> Contributor address; City; State; Zip Code Farmington Hills, MI 48334-3109	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Mary <hr/> Contributor address; City; State; Zip Code West Allis, WI 53227-2732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/346 Rpt: 15/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badger, Terry <hr/> 6 Contributor address; City; State; Zip Code Paso Robles, CA 93446-2444	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Inelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5396	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Inelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5396	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Agnes <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6429	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Ian <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87109-4099	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/346 Rpt: 16/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Richard 6 Contributor address; City; State; Zip Code Lansing, MI 48911-1604	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Susan Contributor address; City; State; Zip Code Galveston, TX 77552	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Susan Contributor address; City; State; Zip Code Galveston, TX 77552	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Susan Contributor address; City; State; Zip Code Galveston, TX 77552	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Wilber Contributor address; City; State; Zip Code Spring City, PA 19475-2710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/346 Rpt: 17/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balkom, Eric 6 Contributor address; City; State; Zip Code Richmond, TX 77406-5203	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Sharon Contributor address; City; State; Zip Code Dallas, TX 75235-4610	Amount of Contribution (\$) \$2.48
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Southwest Airlines
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballachey, Luann Contributor address; City; State; Zip Code Temple, TX 76502-3863	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballachey, Luann Contributor address; City; State; Zip Code Temple, TX 76502-3863	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballachey, Luann Contributor address; City; State; Zip Code Temple, TX 76502-3863	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/346 Rpt: 18/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballachey, Luann <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-3863	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballachey, Luann <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3863	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balog, Daniel <hr/> Contributor address; City; State; Zip Code South Bend, IN 46614-1352	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bampoe, Dinah <hr/> Contributor address; City; State; Zip Code Naples, FL 34114-2811	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bampoe, Dinah <hr/> Contributor address; City; State; Zip Code Naples, FL 34114-2811	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/346 Rpt: 19/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> 6 Contributor address; City; State; Zip Code Overland Park, KS 66207-2021	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66207-2021	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66207-2021	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66207-2021	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barden, Enid <hr/> Contributor address; City; State; Zip Code Beverly Hills, CA 90212-3570	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/346 Rpt: 20/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bardnell, David <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-4740	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Linda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652-6818	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Austin Community College
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Linda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652-6818	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Austin Community College
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Linda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652-6818	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Austin Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/346 Rpt: 21/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barree, Paula <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115-7606	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Stephen <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-4829	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrios, Jesse <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2547	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Monica <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-7720	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) ha.ba's Clothing Store
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barshop, Rosemary <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-6544	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/346 Rpt: 22/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barshop, Rosemary <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087-6544	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barter, Mary <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105-1961	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barter, Mary <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105-1961	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barter, Mary <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105-1961	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Annick <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-6949	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/346 Rpt: 23/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelder, Spencer <hr/> 6 Contributor address; City; State; Zip Code Murphys, CA 95247	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battaglia, Dorothy <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-5349	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumrucker, John <hr/> Contributor address; City; State; Zip Code Scaly Mountain, NC 28775-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Jean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-8110	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Beasley Associates
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Joseph <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-3133	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/346 Rpt: 24/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Joseph <hr/> 6 Contributor address; City; State; Zip Code Lafayette, CA 94549-3133	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behrens, Anthony <hr/> Contributor address; City; State; Zip Code Tamarac, FL 33321-1246	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Linda <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-5205	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Will <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-8302	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Will <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-8302	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/346 Rpt: 25/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702-1437	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Texas at Austin
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-1437	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bench, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-4337	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bench, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-4337	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Gloria <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4245	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) TransSolutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/346 Rpt: 26/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80207-3435	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Africa Direct
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Mildred <hr/> Contributor address; City; State; Zip Code San Luis Obispo, CA 93405-7836	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beran, Ray <hr/> Contributor address; City; State; Zip Code Bertram, TX 78605-4181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/346 Rpt: 27/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-3416	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, William <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87506-0201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, John <hr/> Contributor address; City; State; Zip Code Glenwood Springs, CO 81601-4028	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/346 Rpt: 28/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Pamela <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4345	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Distribution		Employer (See Instructions) Advance Components

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/346 Rpt: 29/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Suzanne 6 Contributor address; City; State; Zip Code Belton, TX 76513-2644	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Suzanne Contributor address; City; State; Zip Code Belton, TX 76513-2644	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Suzanne Contributor address; City; State; Zip Code Belton, TX 76513-2644	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethea, Thomas Contributor address; City; State; Zip Code Oro Valley, AZ 85755-6996	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betters, Joseph Contributor address; City; State; Zip Code League City, TX 77573-1495	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/346 Rpt: 30/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biadgelgne, Abraham 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-6144	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickerstaff, Bonnie Contributor address; City; State; Zip Code Virginia Beach, VA 23455-6821	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackman, Fran Contributor address; City; State; Zip Code Weston, CT 06883-2119	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Norwalk BOE
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Ellen Contributor address; City; State; Zip Code Austin, TX 78750-2621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Ellen Contributor address; City; State; Zip Code Austin, TX 78750-2621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/346 Rpt: 31/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Jean <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10011-2525	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleiweiss, Peter <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98332-7006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Blackstone Publishing
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blieden, Paul <hr/> Contributor address; City; State; Zip Code Rancho Palos Verdes, CA 90275-2208	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blieden, Paul <hr/> Contributor address; City; State; Zip Code Rancho Palos Verdes, CA 90275-2208	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, David <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85024-1775	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/346 Rpt: 32/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Jane <hr/> 6 Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1813	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boak, Carolyn <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-5865	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) El Camino Hospital Mt. View CA
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boak, Carolyn <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-5865	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) El Camino Hospital Mt. View CA
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobs, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Schlumberger
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobsin, Vernon <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98077-7676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/346 Rpt: 33/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiford, Larry <hr/> 6 Contributor address; City; State; Zip Code Soulsbyville, CA 95372-0579	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiford, Loretta <hr/> Contributor address; City; State; Zip Code Soulsbyville, CA 95372-0579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodovsky, Greg <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Professional		Employer (See Instructions) Tarleton State University
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodovsky, Greg <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Professional		Employer (See Instructions) Tarleton State University
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boethel, Martha <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-1419	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/346 Rpt: 34/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bokhour, Jeanette <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94709-1555	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Studio Manager		9 Employer (See Instructions) Self Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, John <hr/> Contributor address; City; State; Zip Code Stamford, CT 06905-3701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Rose <hr/> Contributor address; City; State; Zip Code Kingston, NY 12401-4012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonge, Barbara <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-4757	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bononcini, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/346 Rpt: 35/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottem, Lynda <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074-7771	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottem, Lynda <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-7771	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottomly, Lewis <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-5739	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botts, Thomas <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23464-6736	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/346 Rpt: 36/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> 6 Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/346 Rpt: 37/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> 6 Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/346 Rpt: 38/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> 6 Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouffard, Maurice <hr/> Contributor address; City; State; Zip Code Saint Johnsbury, VT 05819-1448	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd-Cummins, Carol <hr/> Contributor address; City; State; Zip Code Henderson, NV 89074-1702	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manicurist		Employer (See Instructions) Self Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Mignon <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93160-6836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/346 Rpt: 39/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Theresa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Massage Therapist		9 Employer (See Instructions) Milk and Honey
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Karen <hr/> Contributor address; City; State; Zip Code Rancho Palos Verdes, CA 90275-3737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Louise <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-4850	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breland, Winfred <hr/> Contributor address; City; State; Zip Code Paso Robles, CA 93446-1277	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresenhan, Karey <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945-4348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Executive		Employer (See Instructions) Quilts II

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/346 Rpt: 40/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresenhan, Karey <hr/> 6 Contributor address; City; State; Zip Code La Grange, TX 78945-4348	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Business Executive		9 Employer (See Instructions) Quilts II
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Sherry <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-2530	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewster, Cyndi <hr/> Contributor address; City; State; Zip Code Denver, CO 80238-2874	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brezniak, Ellen <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581-3406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Act!
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brezniak, Ellen <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581-3406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Act!

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/346 Rpt: 41/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brickey, Georgetta <hr/> 6 Contributor address; City; State; Zip Code Ventura, CA 93004-2740	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briner, Paula <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087-9017	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Gordon <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-2821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineering Consultant		Employer (See Instructions) Aon
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brody, Elizabeth <hr/> Contributor address; City; State; Zip Code Ocala, FL 34481-7221	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-7740	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/346 Rpt: 42/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Doug <hr/> 6 Contributor address; City; State; Zip Code South San Francisco, CA 94080	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Safety Advocate		9 Employer (See Instructions) United Airlines
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Garry <hr/> Contributor address; City; State; Zip Code High Rolls Mountain Park, NM 88325-0458	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Greg <hr/> Contributor address; City; State; Zip Code Iowa City, IA 52240-6229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Singer		Employer (See Instructions) Self Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Greg <hr/> Contributor address; City; State; Zip Code Iowa City, IA 52240-6229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Singer		Employer (See Instructions) Self Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Joseph <hr/> Contributor address; City; State; Zip Code Schertz, TX 78108-2109	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/346 Rpt: 43/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Louis <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243-7366	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-7366	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Owasso, OK 74055	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Owasso, OK 74055	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownlee, Jerry <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5345	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Datacenter Engineer		Employer (See Instructions) JLL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/346 Rpt: 44/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryson, Brenda <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75149-2597	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryson, Brenda <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75149-2597	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Lynda <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-2362	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Michael <hr/> Contributor address; City; State; Zip Code Canton, OH 44706-2072	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burawa, Connie <hr/> Contributor address; City; State; Zip Code Port Jefferson, NY 11777-1519	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/346 Rpt: 45/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgett, Carol <hr/> 6 Contributor address; City; State; Zip Code Westerville, OH 43081-4432	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Maureen <hr/> Contributor address; City; State; Zip Code Southborough, MA 01772-1502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnell, Richard <hr/> Contributor address; City; State; Zip Code Paton, IA 50217-8041	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Bobby <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-2326	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Enrolled Agent		Employer (See Instructions) Transtax
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burson, Patricia <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92801-1761	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/346 Rpt: 46/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> 6 Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/346 Rpt: 47/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Leslie <hr/> 6 Contributor address; City; State; Zip Code Cherryfield, ME 04622-0065	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Marilyn <hr/> Contributor address; City; State; Zip Code Bristol, VA 24202-4449	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caggins, Elva <hr/> Contributor address; City; State; Zip Code Houston, TX 77091-4523	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calabro, David <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807-2320	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Patti <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5715	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/346 Rpt: 48/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campisciano, Pamela <hr/> 6 Contributor address; City; State; Zip Code Culver City, CA 90232-3608	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) RPM Designs
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campisciano, Pamela <hr/> Contributor address; City; State; Zip Code Culver City, CA 90232-3608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) RPM Designs
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campo, Cynthia <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514-9624	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Liz <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Liz <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/346 Rpt: 49/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Liz <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Liz <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caratti, Hannah <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407-6527	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caratti, Hannah <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407-6527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardwell, Penny <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-7330	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/346 Rpt: 50/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7651	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) La Mesa Spring Valley Schools
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7651	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) La Mesa Spring Valley Schools
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter Madoshi, Diana <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765-5566	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Camille <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Camille Cash MD PA
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Sharon <hr/> Contributor address; City; State; Zip Code Garland, TX 75040-6142	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/346 Rpt: 51/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Sharon <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75040-6142	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Art <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1995	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavalieri, Debbi <hr/> Contributor address; City; State; Zip Code Augusta, GA 30907-3318	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Rockwood Clinic
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cearley, Janet <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7421	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cearley, Janet <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/346 Rpt: 52/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cearley, Janet <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97401-7421	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cearley, Janet <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7421	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffin, Claudia <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-7414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffin, Claudia <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-7414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffin, Claudia <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-7414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/346 Rpt: 53/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffin, Claudia <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626-7414	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Champlin, Richard <hr/> Contributor address; City; State; Zip Code Hackettstown, NJ 07840-3313	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Champlin, Richard <hr/> Contributor address; City; State; Zip Code Hackettstown, NJ 07840-3313	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, N. <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5643	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, N. <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5643	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/346 Rpt: 54/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, N. <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081-5643	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, N. <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5643	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014-2343	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014-2343	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014-2343	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/346 Rpt: 55/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron 6 Contributor address; City; State; Zip Code Phoenix, AZ 85014-2343	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charney, Marsha Contributor address; City; State; Zip Code New York, NY 10024-5719	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charney, Marsha Contributor address; City; State; Zip Code New York, NY 10024-5719	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara Contributor address; City; State; Zip Code Houston, TX 77062-6105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Merchant Services Agent		Employer (See Instructions) Self Employed
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara Contributor address; City; State; Zip Code Houston, TX 77062-6105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Merchant Services Agent		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/346 Rpt: 56/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062-6105	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Merchant Services Agent		9 Employer (See Instructions) Self Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-6105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Merchant Services Agent		Employer (See Instructions) Self Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-6105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Merchant Services Agent		Employer (See Instructions) Self Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Barbara <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-6105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Merchant Services Agent		Employer (See Instructions) Self Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Sydney <hr/> Contributor address; City; State; Zip Code Tangerine, FL 32777-0458	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/346 Rpt: 57/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherico, Sondra <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-7535	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherico, Sondra <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-7535	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherico, Sondra <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-7535	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino, Vera <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-6719	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino, Vera <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-6719	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/346 Rpt: 58/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino, Vera <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055-6719	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorneau, Raymond <hr/> Contributor address; City; State; Zip Code Portland, OR 97203-3740	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Michele <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4058	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Pacific Staffing
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Gerald <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-2806	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Robin <hr/> Contributor address; City; State; Zip Code Sanibel, FL 33957-6825	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/346 Rpt: 59/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christman, Peter <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-4224	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cintron, Nitza <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-4719	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty Physician		Employer (See Instructions) UTMB at Galveston
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cintron, Nitza <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-4719	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty Physician		Employer (See Instructions) UTMB at Galveston
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarkson, Stephen <hr/> Contributor address; City; State; Zip Code Rye Beach, NH 03871-0353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/346 Rpt: 60/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayborn, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Torrance, CA 90505-6537	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Aide		9 Employer (See Instructions) IHSS
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayborn, Jacquelyn <hr/> Contributor address; City; State; Zip Code Torrance, CA 90505-6537	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Aide		Employer (See Instructions) IHSS
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayborn, Jacquelyn <hr/> Contributor address; City; State; Zip Code Torrance, CA 90505-6537	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Aide		Employer (See Instructions) IHSS
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleaves, Benita <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-2504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Cvs health
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford, Casey <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080-5723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) La-Z-Boy

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/346 Rpt: 61/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coad, Debra <hr/> 6 Contributor address; City; State; Zip Code Show Low, AZ 85901-8528	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coad, Debra <hr/> Contributor address; City; State; Zip Code Show Low, AZ 85901-8528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Eileen <hr/> Contributor address; City; State; Zip Code Aberdeen, MD 21001-1948	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Eileen <hr/> Contributor address; City; State; Zip Code Aberdeen, MD 21001-1948	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306-3138	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/346 Rpt: 62/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coggin, Rod <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30030-1665	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Ellen <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Miye <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6709	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohrs, Herbert <hr/> Contributor address; City; State; Zip Code Bay Village, OH 44140-0065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Major <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87123-2337	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/346 Rpt: 63/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Samuel <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634-5814	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, David <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-7321	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) Metaswitch
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colson, Chez <hr/> Contributor address; City; State; Zip Code Antelope, CA 95843-4050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comer, Patricia <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437-1875	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79411-1821	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/346 Rpt: 64/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79411-1821	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79411-1821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79411-1821	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Concha, Jaime <hr/> Contributor address; City; State; Zip Code Basking Ridge, NJ 07920-3153	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conklin, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97201-1753	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/346 Rpt: 65/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conklin, Robert <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97201-1753	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Joan <hr/> Contributor address; City; State; Zip Code Gouldsboro, PA 18424-8882	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conti, Kathleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4211	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Ricardo <hr/> Contributor address; City; State; Zip Code Merced, CA 95348-3578	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Ricardo <hr/> Contributor address; City; State; Zip Code Merced, CA 95348-3578	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/346 Rpt: 66/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Edward <hr/> 6 Contributor address; City; State; Zip Code Morgantown, PA 19543-9351	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263-1145	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263-1145	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263-1145	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263-1145	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/346 Rpt: 67/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77263-1145	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Harold <hr/> Contributor address; City; State; Zip Code Houston, TX 77263-1145	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Howard <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377-3772	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornstubble, Dewey <hr/> Contributor address; City; State; Zip Code Euless, TX 76039-2209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornstubble, Dewey <hr/> Contributor address; City; State; Zip Code Euless, TX 76039-2209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/346 Rpt: 68/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornstubble, Dewey <hr/> 6 Contributor address; City; State; Zip Code Euless, TX 76039-2209	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Aida <hr/> Contributor address; City; State; Zip Code Daly City, CA 94014-2240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortinas, Diana <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-9558	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory, Mary <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory, Mary <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/346 Rpt: 69/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotterill, Hayden 6 Contributor address; City; State; Zip Code Northville, MI 48168-1862	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottrell, John Contributor address; City; State; Zip Code Garland, TX 75041-3325	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Couron, Carolyn Contributor address; City; State; Zip Code Orange, CA 92869-1902	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/346 Rpt: 70/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael <hr/> 6 Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael <hr/> Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael <hr/> Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Michael <hr/> Contributor address; City; State; Zip Code Los Ranchos, NM 87107-5603	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crist, Candace <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-5311	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/346 Rpt: 71/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crist, Candace <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-5311	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, John <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-6070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, John <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-6070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, John <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-6070	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cubillas, Leon <hr/> Contributor address; City; State; Zip Code Cleveland, TX 77328-6740	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/346 Rpt: 72/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cudahy, Paul 6 Contributor address; City; State; Zip Code Cypress, TX 77429-7505	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Deborah Contributor address; City; State; Zip Code Sugar Land, TX 77479-5945	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Deborah Contributor address; City; State; Zip Code Sugar Land, TX 77479-5945	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Greg Contributor address; City; State; Zip Code Waco, TX 76712-8400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Greg Contributor address; City; State; Zip Code Waco, TX 76712-8400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/346 Rpt: 73/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cumbie, Stephen <hr/> 6 Contributor address; City; State; Zip Code Vienna, VA 22182-2641	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) NVCommercial, Inc.
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Tammie <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30317-2637	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Valerie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-5801	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cushing, Joseph <hr/> Contributor address; City; State; Zip Code Cranberry Township, PA 16066-4307	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyprus, Rochelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6273	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/346 Rpt: 74/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyprus, Rochelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-6273	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl, Daniel <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-7118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damon, Frederick <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-3621	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danaczko, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-3906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1216	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/346 Rpt: 75/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darden, Deniese <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089-7904	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Support Specialist		9 Employer (See Instructions) VPay USA
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darden, Maurice <hr/> Contributor address; City; State; Zip Code Miami, FL 33150-3249	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Construction Superintendent		Employer (See Instructions) J. Raymond Construction
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasenbrock, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97219-2169	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasgupta, Piyali <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3706	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daubenmier, Mark <hr/> Contributor address; City; State; Zip Code Columbus, OH 43214-1702	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Assistant Finance Director		Employer (See Instructions) City of Obetz

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/346 Rpt: 76/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daubenmier, Mark 6 Contributor address; City; State; Zip Code Columbus, OH 43214-1702	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant Finance Director		9 Employer (See Instructions) City of Obetz
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, M. Contributor address; City; State; Zip Code Wimberley, TX 78676-2704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Burleson Offices LLP
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Mary Contributor address; City; State; Zip Code San Antonio, TX 78239-2906	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Mary Contributor address; City; State; Zip Code San Antonio, TX 78239-2906	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Diane Contributor address; City; State; Zip Code Houston, TX 77036-2812	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/346 Rpt: 77/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marcellus <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75044-6205	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marcey <hr/> Contributor address; City; State; Zip Code Commerce, TX 75429-0628	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Horizon Health
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mark <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92263-5314	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Patricia <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-3824	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Patricia <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-3824	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/346 Rpt: 78/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rita <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018-3165	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Zehline <hr/> Contributor address; City; State; Zip Code Decatur, GA 30034-4408	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawdy, Stephanie <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015-5406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Ben, C. <hr/> Contributor address; City; State; Zip Code New York, NY 10009-7404	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Ben, C. <hr/> Contributor address; City; State; Zip Code New York, NY 10009-7404	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/346 Rpt: 79/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Pamela 6 Contributor address; City; State; Zip Code Rosharon, TX 77583-2647	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Pamela Contributor address; City; State; Zip Code Rosharon, TX 77583-2647	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dearie, John Contributor address; City; State; Zip Code Roswell, GA 30075-1264	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debgupta, Karen Contributor address; City; State; Zip Code Clinton Township, MI 48038-1001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debose, Dorothy Contributor address; City; State; Zip Code Fort Worth, TX 76107-6918	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/346 Rpt: 80/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decristoforo, Alice <hr/> 6 Contributor address; City; State; Zip Code Norfolk, VA 23509-1324	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degen, Arthur <hr/> Contributor address; City; State; Zip Code New York, NY 10024-3512	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Degen Paper Products, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degeorge, Deborah <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-4271	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University Of Michigan
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degier, Cheryl <hr/> Contributor address; City; State; Zip Code Marina, CA 93933-6058	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Paggio, Catherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Houston Methodist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/346 Rpt: 81/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Catherine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059-3301	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Mary <hr/> Contributor address; City; State; Zip Code Fair Oaks, CA 95628-2931	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denkins, Henry <hr/> Contributor address; City; State; Zip Code Houston, TX 77288-8273	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derby, Craig <hr/> Contributor address; City; State; Zip Code Portland, OR 97209-3076	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Oregon Anesthesiology Group
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshazor, Lorelee <hr/> Contributor address; City; State; Zip Code Sun City West, AZ 85375-4106	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/346 Rpt: 82/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshazor, Lorelee <hr/> 6 Contributor address; City; State; Zip Code Sun City West, AZ 85375-4106	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshazor, Lorelee <hr/> Contributor address; City; State; Zip Code Sun City West, AZ 85375-4106	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desilver, Susan <hr/> Contributor address; City; State; Zip Code Northford, CT 06472-1001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desilver, Susan <hr/> Contributor address; City; State; Zip Code Northford, CT 06472-1001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desouza, Darrell <hr/> Contributor address; City; State; Zip Code Suisun City, CA 94585-3215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Recreational Aid		Employer (See Instructions) Department Of Airforce

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/346 Rpt: 83/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessormeau, Pamela <hr/> 6 Contributor address; City; State; Zip Code Dayton, TN 37321-7225	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/346 Rpt: 84/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> 6 Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutscher, David <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-2605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dezur, Barbara <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-3521	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, James <hr/> Contributor address; City; State; Zip Code Round Top, TX 78954-0089	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, James <hr/> Contributor address; City; State; Zip Code Round Top, TX 78954-0089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/346 Rpt: 85/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, James 6 Contributor address; City; State; Zip Code Round Top, TX 78954-0089	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, Cassandra Contributor address; City; State; Zip Code Portland, OR 97229-6831	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diot, Deborah Contributor address; City; State; Zip Code Flower Mound, TX 75022-8441	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Centillion
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dix, Roger Contributor address; City; State; Zip Code New Braunfels, TX 78130-8379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dix, Roger Contributor address; City; State; Zip Code New Braunfels, TX 78130-8379	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/346 Rpt: 86/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Kim <hr/> 6 Contributor address; City; State; Zip Code Douglasville, GA 30135-1614	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Susan <hr/> Contributor address; City; State; Zip Code Cayucos, CA 93430-1154	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Susan <hr/> Contributor address; City; State; Zip Code Cayucos, CA 93430-1154	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Susan <hr/> Contributor address; City; State; Zip Code Cayucos, CA 93430-1154	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Susan <hr/> Contributor address; City; State; Zip Code Cayucos, CA 93430-1154	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/346 Rpt: 87/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolby, Dagmar <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115-1137	7 Amount of Contribution (\$) \$6,700.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domingo, Nenita <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3646	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donsky, Linda <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-3535	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorn, Franchelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5395	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsett, Rollie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-7468	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/346 Rpt: 88/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dottore, Frank <hr/> 6 Contributor address; City; State; Zip Code Langhorne, PA 19047-2308	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowell, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-1866	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Pinnacle Audit Group
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Betty <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drechsel, Sally <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-1846	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressendorfer, Paul <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87121-7704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) NMCRI

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/346 Rpt: 89/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drews, Holly <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-7131	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Druce, John <hr/> Contributor address; City; State; Zip Code Harker Hts, TX 76548-5657	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dsouza, Vincent <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-3009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dsouza, Vincent <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-3009	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duddleston, Phyllis <hr/> Contributor address; City; State; Zip Code Lutz, FL 33558-9014	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/346 Rpt: 90/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duddleston, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Lutz, FL 33558-9014	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggan, Michael <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76104-6745	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Security Officer		Employer (See Instructions) DFW Security Protective Force
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Karen <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-1230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Licensed Professional Counselor		Employer (See Instructions) Greater Houston Counseling Services
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Shari <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-6231	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Claims Adjuster		Employer (See Instructions) Progressive
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunwoody, Lucie <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5538	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/346 Rpt: 91/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Doreena <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-7968	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duterroil, Jerry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4001	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwelle, Timothy <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266-5514	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/346 Rpt: 92/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Lois <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006-2135	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgerly, Brian <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651-5808	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eigbe, Uwa <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339-3350	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consulting Engineer		Employer (See Instructions) INTECSEA
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso County Democratic Party <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliot, Maryann <hr/> Contributor address; City; State; Zip Code Shenandoah, TX 77380-2591	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/346 Rpt: 93/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Linda <hr/> 6 Contributor address; City; State; Zip Code Lago Vista, TX 78645-4743	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Linda <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645-4743	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellman, Ira <hr/> Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-4648	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellman, Ira <hr/> Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-4648	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endelman, Sharon <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4423	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/346 Rpt: 94/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-3543	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englert, Cynthia <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3543	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ennon, Cathy <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94403-3842	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) NDNU
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epps, Aaris <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5730	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) TRS
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escareno, Frances <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-4910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/346 Rpt: 95/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinosa, Cassandra <hr/> 6 Contributor address; City; State; Zip Code Dale, TX 78616-2951	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Office Assistant		9 Employer (See Instructions) Mark A Sampson Law Office
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3540	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estabrook, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3540	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Don <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-1183	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Washington Youth Academy

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/346 Rpt: 96/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Fred <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-5576	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Exum, Nelson <hr/> Contributor address; City; State; Zip Code Roseville, CA 95747-5899	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fain, Daryl <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7581	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Driver Driven
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Deborah <hr/> Contributor address; City; State; Zip Code Columbus, GA 31909-5109	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farnam, Laurie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103-5514	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/346 Rpt: 97/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fearn, Sandra <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612-3401	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felhandler, Stuart <hr/> Contributor address; City; State; Zip Code West Bloomfield, MI 48323-3364	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Femia, Carol <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34243-7937	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenton, Josephine <hr/> Contributor address; City; State; Zip Code Springfield, IL 62711-6083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Jerry&Robin <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306-2349	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/346 Rpt: 98/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferraro, Marianne <hr/> 6 Contributor address; City; State; Zip Code Park City, UT 84098-5585	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferraro, Marianne <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-5585	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferraro, Marianne <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-5585	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetherolf, Robert <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92011-5024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidler, David <hr/> Contributor address; City; State; Zip Code Niles, MI 49120-4015	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/346 Rpt: 99/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidler, David <hr/> 6 Contributor address; City; State; Zip Code Niles, MI 49120-4015	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Carmen <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068-6447	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Product Support		Employer (See Instructions) OneSource Virtual
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Linda <hr/> Contributor address; City; State; Zip Code Denver, CO 80239-4451	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Terri <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76088-7100	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filighera, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2337	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/346 Rpt: 100/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finnegan, James <hr/> 6 Contributor address; City; State; Zip Code Burr Ridge, IL 60527-7262	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Scribes, Inc.
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firsching, Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-1102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firsching, Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-1102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firsching, Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-1102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischman, Mark <hr/> Contributor address; City; State; Zip Code York, PA 17402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/346 Rpt: 101/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischman, Mark <hr/> 6 Contributor address; City; State; Zip Code York, PA 17402	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish, Sheilah <hr/> Contributor address; City; State; Zip Code Moraga, CA 94556-3004	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Leslie <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-2305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) P3 Health Partners
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Leslie <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-2305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) P3 Health Partners
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Leslie <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-2305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) P3 Health Partners

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/346 Rpt: 102/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitting, Wendy <hr/> 6 Contributor address; City; State; Zip Code Gloucester, MA 01930-4143	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitting, Wendy <hr/> Contributor address; City; State; Zip Code Gloucester, MA 01930-4143	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitting, Wendy <hr/> Contributor address; City; State; Zip Code Gloucester, MA 01930-4143	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, John <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-2990	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Jodeci <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-1120	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/346 Rpt: 103/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Silvia <hr/> 6 Contributor address; City; State; Zip Code Chula Vista, CA 91910-6541	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Assistant Claims Manager		9 Employer (See Instructions) State Compensation Insurance Fund
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Silvia <hr/> Contributor address; City; State; Zip Code Chula Vista, CA 91910-6541	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Assistant Claims Manager		Employer (See Instructions) State Compensation Insurance Fund
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Silvia <hr/> Contributor address; City; State; Zip Code Chula Vista, CA 91910-6541	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Assistant Claims Manager		Employer (See Instructions) State Compensation Insurance Fund
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers-Cook, Evelyn <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574-0241	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers-Cook, Evelyn <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574-0241	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/346 Rpt: 104/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fordyce, Douglas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-6504	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Lazard
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Richard <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-3021	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forman, Janet <hr/> Contributor address; City; State; Zip Code Moraga, CA 94556-1319	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forman, Janet <hr/> Contributor address; City; State; Zip Code Moraga, CA 94556-1319	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forsyth, Thomas <hr/> Contributor address; City; State; Zip Code Goffstown, NH 03045-2405	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/346 Rpt: 105/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortess, Esther 6 Contributor address; City; State; Zip Code Newton, MA 02465-2310	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossum, John Contributor address; City; State; Zip Code Newport Beach, CA 92660-6396	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Irell & Manella LLP
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Bernard Contributor address; City; State; Zip Code Oakland, CA 94601-5519	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Judith Contributor address; City; State; Zip Code Pasadena, TX 77502-4227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Judith Contributor address; City; State; Zip Code Pasadena, TX 77502-4227	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/346 Rpt: 106/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Judith <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77502-4227	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Judith <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77502-4227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Judith <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77502-4227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Anne <hr/> Contributor address; City; State; Zip Code Portland, ME 04103-4017	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Anne <hr/> Contributor address; City; State; Zip Code Portland, ME 04103-4017	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/346 Rpt: 107/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Candy <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-7549	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Hubert <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37405-4247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Hubert <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37405-4247	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Norma <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Norma <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/346 Rpt: 108/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Norma <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079-3198	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Norma <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3198	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Norma <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3198	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fratangelo, Dawn <hr/> Contributor address; City; State; Zip Code Old Chatham, NY 12136-3312	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Gary <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Tejas Sales Group

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/346 Rpt: 109/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Ivor 6 Contributor address; City; State; Zip Code Exeter, NH 03833-4425	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, William Contributor address; City; State; Zip Code Nashville, TN 37202-3857	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Freeman Webb Com
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, William Contributor address; City; State; Zip Code Nashville, TN 37202-3857	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Freeman Webb Com
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, William Contributor address; City; State; Zip Code Nashville, TN 37202-3857	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Freeman Webb Com
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freiberg, David Contributor address; City; State; Zip Code Novato, CA 94948-1634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/346 Rpt: 110/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freiberg, David <hr/> 6 Contributor address; City; State; Zip Code Novato, CA 94948-1634	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freiburger, Ann <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2258	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friend, John <hr/> Contributor address; City; State; Zip Code Angels Camp, CA 95222-0307	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Friends Appraisal Service Team
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Barbara <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-1559	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Barbara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2692	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/346 Rpt: 111/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaitan, Margaret <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-5907	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Phone Rep		9 Employer (See Instructions) QVC
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Susan <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-1497	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Susan <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-1497	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallatin, Daniel <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932-3120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallo, Joseph <hr/> Contributor address; City; State; Zip Code Kenosha, WI 53142-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/346 Rpt: 112/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallopodesta, Katherine <hr/> 6 Contributor address; City; State; Zip Code Foster City, CA 94404-1805	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gans, Euphemia <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-8589	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Self Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7817	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbis, Louis <hr/> Contributor address; City; State; Zip Code Naperville, IL 60564-3116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbis, Louis <hr/> Contributor address; City; State; Zip Code Naperville, IL 60564-3116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/346 Rpt: 113/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardiner, Chris <hr/> 6 Contributor address; City; State; Zip Code Indian Wells, CA 92210-7408	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Barbara <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-5051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Teresa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-2789	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Teresa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-2789	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfield, Ilene <hr/> Contributor address; City; State; Zip Code Ledgewood, NJ 07852-9687	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/346 Rpt: 114/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Jan <hr/> 6 Contributor address; City; State; Zip Code Bowling Green, KY 42104-3809	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6432	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6432	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, June <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaskins, Cynthia <hr/> Contributor address; City; State; Zip Code Petersburg, IN 47567-1355	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/346 Rpt: 115/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavito, Letty <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-4243	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay, Tamra <hr/> Contributor address; City; State; Zip Code Winter Park, FL 32789-6162	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Barbara <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-5112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Barbara <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-5112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Barbara <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-5112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/346 Rpt: 116/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gevas, Thomas <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60654-7019	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Financial Services		9 Employer (See Instructions) The Northern Trust Co
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Patt <hr/> Contributor address; City; State; Zip Code Keller, TX 76262-7310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Virginia <hr/> Contributor address; City; State; Zip Code New York, NY 10011-7605	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson-Bauer, Charlotte <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218-2304	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Disney
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson-Bauer, Charlotte <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218-2304	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Disney

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/346 Rpt: 117/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson-Bauer, Charlotte <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11218-2304	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Disney
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson-Bauer, Charlotte <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218-2304	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Disney
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Al <hr/> Contributor address; City; State; Zip Code Austin, TX 78763-0369	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Carlton <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91356-1991	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Carlton Gillespie
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, Ken <hr/> Contributor address; City; State; Zip Code Yakima, WA 98909-0577	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Floyd Blinsky Trucking

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/346 Rpt: 118/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginsburg, Eva <hr/> 6 Contributor address; City; State; Zip Code Urbana, IL 61801-4826	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginsburg, Eva <hr/> Contributor address; City; State; Zip Code Urbana, IL 61801-4826	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gipson, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36117-4319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gipson, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36117-4319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giurleo, Ellen <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034-0883	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/346 Rpt: 119/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassner, Sharon <hr/> 6 Contributor address; City; State; Zip Code Morton Grove, IL 60053-1562	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassner, Sharon <hr/> Contributor address; City; State; Zip Code Morton Grove, IL 60053-1562	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassner, Sharon <hr/> Contributor address; City; State; Zip Code Morton Grove, IL 60053-1562	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goins, Oliver <hr/> Contributor address; City; State; Zip Code Houston, TX 77032-4948	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-5280	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/346 Rpt: 120/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-5280	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-5280	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2448	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Ann <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615-6056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldfarb, David <hr/> Contributor address; City; State; Zip Code Hastings On Hudson, NY 10706-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dept of Veterans Affairs

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/346 Rpt: 121/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Debra <hr/> 6 Contributor address; City; State; Zip Code Cumberland, WI 54829-9223	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Alvaro <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92056-4970	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-2424	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodall, Donetta <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-3914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Earnest <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-1079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/346 Rpt: 122/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Janet <hr/> 6 Contributor address; City; State; Zip Code Edgewater, FL 32141-5943	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Janet <hr/> Contributor address; City; State; Zip Code Edgewater, FL 32141-5943	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goranson, Tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4398	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Goranson Bain Ausley
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-2427	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Latonya <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-7084	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/346 Rpt: 123/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Raymond <hr/> 6 Contributor address; City; State; Zip Code Venice, FL 34285-5681	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorelick, Richard <hr/> Contributor address; City; State; Zip Code Yardley, PA 19067-4617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gossett, John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Correct Designs, Inc.
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gossett, John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Correct Designs, Inc.
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gossett, John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Correct Designs, Inc.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/346 Rpt: 124/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gough, David <hr/> 6 Contributor address; City; State; Zip Code Universal City, TX 78148-2524	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Susan <hr/> Contributor address; City; State; Zip Code Sedona, AZ 86336-7152	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Warren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3334	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Patricia <hr/> Contributor address; City; State; Zip Code Sonoma, CA 95476-7933	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradford, Judy <hr/> Contributor address; City; State; Zip Code Austin, TX 78744-4813	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/346 Rpt: 125/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradford, Judy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744-4813	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradford, Judy <hr/> Contributor address; City; State; Zip Code Austin, TX 78744-4813	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradford, Judy <hr/> Contributor address; City; State; Zip Code Austin, TX 78744-4813	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4457	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granado, Shirley <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-3679	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/346 Rpt: 126/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grangertyler, Susan <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2801	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sustainable Responsibility Consulting		9 Employer (See Instructions) Self Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Deaun <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-1199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Sandra <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7383	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, James <hr/> Contributor address; City; State; Zip Code Thornton, CO 80602-5246	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, James <hr/> Contributor address; City; State; Zip Code Thornton, CO 80602-5246	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/346 Rpt: 127/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Laurence <hr/> 6 Contributor address; City; State; Zip Code Maple Grove, MN 55369-2203	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Susan <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-2307	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Susan <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-2307	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Harriett <hr/> Contributor address; City; State; Zip Code Columbia, SC 29203-3623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Arts Administrator		Employer (See Instructions) South Carolina Arts Commission
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Howard <hr/> Contributor address; City; State; Zip Code North Hollywood, CA 91606-5212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/346 Rpt: 128/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Auriol 6 Contributor address; City; State; Zip Code North Bethesda, MD 20852-3389	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gary Contributor address; City; State; Zip Code Tukwila, WA 98168-9252	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gary Contributor address; City; State; Zip Code Tukwila, WA 98168-9252	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gary Contributor address; City; State; Zip Code Tukwila, WA 98168-9252	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gary Contributor address; City; State; Zip Code Tukwila, WA 98168-9252	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/346 Rpt: 129/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Maryann <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238-3352	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Richard <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33473-5065	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregorich, Frank <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50323-2497	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Daine <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-2573	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Daine <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-2573	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/346 Rpt: 130/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Daine 6 Contributor address; City; State; Zip Code Columbia, MD 21044-2573	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia Contributor address; City; State; Zip Code Woodland Hills, CA 91364-2013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Melinda Contributor address; City; State; Zip Code Sequim, WA 98382-8585	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffiths, Marilyn Contributor address; City; State; Zip Code San Jose, CA 95121-1257	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffiths, Marilyn Contributor address; City; State; Zip Code San Jose, CA 95121-1257	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/346 Rpt: 131/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffiths, Marilyn <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95121-1257	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffiths, Marilyn <hr/> Contributor address; City; State; Zip Code San Jose, CA 95121-1257	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Geoffrey <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-3103	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Dallas College
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Geoffrey <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-3103	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Dallas College
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Steven <hr/> Contributor address; City; State; Zip Code Avondale, AZ 85392-4075	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/346 Rpt: 132/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Steve <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-5102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Cadd Designer		9 Employer (See Instructions) Civilcorp, LLC
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover, Judith <hr/> Contributor address; City; State; Zip Code Kihei, HI 96753-6602	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grundy, Janice <hr/> Contributor address; City; State; Zip Code Williamston, MI 48895-1303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Sparrow Hospital
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Jerry <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Jerry <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/346 Rpt: 133/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Rene 6 Contributor address; City; State; Zip Code Ovilla, TX 75154-1647	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) SAS Retail Services
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Frances Contributor address; City; State; Zip Code Pleasanton, TX 78064-6549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurley, Marshall Contributor address; City; State; Zip Code San Diego, CA 92129-3715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Mary Contributor address; City; State; Zip Code New York, NY 10024-5719	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Mary Contributor address; City; State; Zip Code New York, NY 10024-5719	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/346 Rpt: 134/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Mary <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024-5719	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Mary <hr/> Contributor address; City; State; Zip Code New York, NY 10024-5719	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hailey, Sharyn <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30310-2363	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haines, John <hr/> Contributor address; City; State; Zip Code Mount Vernon, WA 98273-9007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Carolyn <hr/> Contributor address; City; State; Zip Code Plano, TX 75025-2045	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Engineer Tech		Employer (See Instructions) REI Energy

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/346 Rpt: 135/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert 6 Contributor address; City; State; Zip Code Houston, TX 77005-1133	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halloran, John Contributor address; City; State; Zip Code Maspeth, NY 11378-2626	Amount of Contribution (\$) \$5.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hambene, Jack Contributor address; City; State; Zip Code Saint Louis, MO 63105-3640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) McCormack Baron Salazar
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hambene, Jack Contributor address; City; State; Zip Code Saint Louis, MO 63105-3640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) McCormack Baron Salazar
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Helen Contributor address; City; State; Zip Code San Antonio, TX 78222-1518	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/346 Rpt: 136/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Han, Nate <hr/> 6 Contributor address; City; State; Zip Code Clarksburg, MD 20871-3317	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) DLH
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Lynn <hr/> Contributor address; City; State; Zip Code Pinehurst, NC 28374-6716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Sheryl <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-6840	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Don <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-2533	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hangai, Paul <hr/> Contributor address; City; State; Zip Code Mililani, HI 96789-2117	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/346 Rpt: 137/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanlon, Kevin <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98685-3691	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannan, Michael <hr/> Contributor address; City; State; Zip Code Tellico Plains, TN 37385-5325	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannides, John <hr/> Contributor address; City; State; Zip Code Roseville, CA 95747-8360	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Barbara <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5637	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Hansen Minerals
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Rebecca <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7520	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/346 Rpt: 138/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Ray <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02115-5914	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Ray <hr/> Contributor address; City; State; Zip Code Boston, MA 02115-5914	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3041	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jackson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-6861	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/346 Rpt: 139/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Katie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-1714	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.50</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1714	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1714	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Joan <hr/> Contributor address; City; State; Zip Code Aromas, CA 95004-9513	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Miriam <hr/> Contributor address; City; State; Zip Code Arlington, VA 22203-1720	Amount of Contribution (\$) <div style="text-align: right;">\$15.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/346 Rpt: 140/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Antoinette <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665-4007	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Claim Specialist		9 Employer (See Instructions) State Farm
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Antoinette <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665-4007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Claim Specialist		Employer (See Instructions) State Farm
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Antoinette <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665-4007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Claim Specialist		Employer (See Instructions) State Farm
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Debbie <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90803-3877	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) ABT Services, Inc.
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Georgia <hr/> Contributor address; City; State; Zip Code Fulton, TX 78358-0373	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/346 Rpt: 141/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Georgia 6 Contributor address; City; State; Zip Code Fulton, TX 78358-0373	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Kathleen Contributor address; City; State; Zip Code Lubbock, TX 79416-4727	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Nishida, Gwendolyn Contributor address; City; State; Zip Code Riverside, CA 92503-6516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Janice Contributor address; City; State; Zip Code Pittsburgh, PA 15238-6153	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harter, William Contributor address; City; State; Zip Code Fayetteville, AR 72701-2446	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Arkansas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/346 Rpt: 142/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harter, William <hr/> 6 Contributor address; City; State; Zip Code Fayetteville, AR 72701-2446	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Arkansas
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartfield, Ann <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645-6618	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasley, Sharon <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-6724	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, David <hr/> Contributor address; City; State; Zip Code San Geronimo, CA 94963-0394	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Michell <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424-9109	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/346 Rpt: 143/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayward, Lori <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-3202	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Iso		9 Employer (See Instructions) Center for Internet Security
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazard, Elizabeth <hr/> Contributor address; City; State; Zip Code Wallingford, PA 19086-6076	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heavilin, Barbara <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664-8604	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Vicki <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-6939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefferan, Marc <hr/> Contributor address; City; State; Zip Code New Hope, MN 55428-5801	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Maintenance Tech		Employer (See Instructions) Lang-Nelson Assoc., Inc.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/346 Rpt: 144/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffron, Sarah <hr/> 6 Contributor address; City; State; Zip Code Moab, UT 84532-2862	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Self Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Laretta <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-5623	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Laretta <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-5623	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidenheimer, Kathy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-2887	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilbrunn, Gail <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2900	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/346 Rpt: 145/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilbrunn, Gail <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2900	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilbrunn, Gail <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2900	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilman, Elizabeth <hr/> Contributor address; City; State; Zip Code Willis, TX 77318-3200	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heisler, Thomas <hr/> Contributor address; City; State; Zip Code Memphis, TN 38103-6436	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemp, Michael <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98335-0031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) The History Company

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/346 Rpt: 146/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemp, Michael <hr/> 6 Contributor address; City; State; Zip Code Gig Harbor, WA 98335-0031	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Historian		9 Employer (See Instructions) The History Company
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Marchand <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-1632	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) BE100G
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Eugenia <hr/> Contributor address; City; State; Zip Code South Hadley, MA 01075-1341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Jacquelyn <hr/> Contributor address; City; State; Zip Code Stone Mountain, GA 30083-5361	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hestle, Alfred <hr/> Contributor address; City; State; Zip Code Forest Hill, TX 76140-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/346 Rpt: 147/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hestle, Alfred 6 Contributor address; City; State; Zip Code Forest Hill, TX 76140-1431	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, David Contributor address; City; State; Zip Code San Antonio, TX 78228-2534	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, David Contributor address; City; State; Zip Code San Antonio, TX 78228-2534	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, David Contributor address; City; State; Zip Code San Antonio, TX 78228-2534	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Dianne Contributor address; City; State; Zip Code Austin, TX 78703-4683	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/346 Rpt: 148/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilsenrad, Marjorie <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94127-2335	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinman, Dave <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-8238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinman, Dave <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-8238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Melissa <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043-4427	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hlavac, Phillip <hr/> Contributor address; City; State; Zip Code Mount Dora, FL 32757-9531	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/346 Rpt: 149/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Teri <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3190	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochman, Gary <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-2257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/346 Rpt: 150/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Cassandra 6 Contributor address; City; State; Zip Code Smiths Grove, KY 42171-9351	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Eve Contributor address; City; State; Zip Code Norcross, GA 30092-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Eve Contributor address; City; State; Zip Code Norcross, GA 30092-1326	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Richard Contributor address; City; State; Zip Code Glenford, NY 12433-5034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Robert Contributor address; City; State; Zip Code Arlington, MA 02476-7606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/346 Rpt: 151/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffmann, Frank <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-1261	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) KHA
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofstad, Maren <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-3341	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Ruth <hr/> Contributor address; City; State; Zip Code Jefferson, ME 04348-3878	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Ruth <hr/> Contributor address; City; State; Zip Code Jefferson, ME 04348-3878	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollan, Rosemary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205-1883	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/346 Rpt: 152/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, LI <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-3490	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollidge, Margaret <hr/> Contributor address; City; State; Zip Code Glen Burnie, MD 21060-6535	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Daniel <hr/> Contributor address; City; State; Zip Code Davie, FL 33324-4326	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Janette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-2345	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, Michelle <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76109-5770	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Lockheed Martin

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/346 Rpt: 153/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Andrea <hr/> 6 Contributor address; City; State; Zip Code Pasco, WA 99301-9002	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) WRPS
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, James <hr/> Contributor address; City; State; Zip Code Chesapeake, VA 23320-3888	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Victoria <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8014	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-2744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) RWH Holdings, LLC
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-2744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) RWH Holdings, LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/346 Rpt: 154/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, William <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-2744	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) RWH Holdings, LLC
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hottel, Nancy <hr/> Contributor address; City; State; Zip Code Sparks Glencoe, MD 21152-8923	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Invitae Corp
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Frances <hr/> Contributor address; City; State; Zip Code Lithonia, GA 30058-3929	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudzina, Edward <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-3572	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Andre <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227-2778	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Machine Operator		Employer (See Instructions) Chrysler

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/346 Rpt: 155/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Andre <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75227-2778	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Machine Operator		9 Employer (See Instructions) Chrysler
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Frank <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-4415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Frank <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-4415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Jaci <hr/> Contributor address; City; State; Zip Code Boulder, CO 80301-1467	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulvey, Sharon <hr/> Contributor address; City; State; Zip Code Monroe, MI 48161-3905	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/346 Rpt: 156/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulvey, Sharon <hr/> 6 Contributor address; City; State; Zip Code Monroe, MI 48161-3905	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulvey, Sharon <hr/> Contributor address; City; State; Zip Code Monroe, MI 48161-3905	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulvey, Sharon <hr/> Contributor address; City; State; Zip Code Monroe, MI 48161-3905	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hundley, Margaret <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3307	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Janine <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110-4187	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/346 Rpt: 157/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Susan 6 Contributor address; City; State; Zip Code Bellingham, WA 98226-8176	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter Head, Becky Contributor address; City; State; Zip Code Pasadena, TX 77504-3037	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) L-Con, Inc.
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hute, Darrell Contributor address; City; State; Zip Code Lincoln, NE 68520-9495	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Linda Contributor address; City; State; Zip Code Raleigh, NC 27607-4016	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglehart, Lydia Contributor address; City; State; Zip Code McGregor, TX 76657-9522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/346 Rpt: 158/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lhms, Gaynelle 6 Contributor address; City; State; Zip Code Dallas, TX 75218-5004	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Mallard Creek
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imse, Jayne Contributor address; City; State; Zip Code Milwaukee, WI 53210-1358	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Laura Contributor address; City; State; Zip Code Oakland, CA 94608-1222	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Insley, William Contributor address; City; State; Zip Code Kettering, OH 45420-1000	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivers, Marie Contributor address; City; State; Zip Code Montebello, NY 10901-3809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/346 Rpt: 159/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Frank <hr/> 6 Contributor address; City; State; Zip Code Prairie View, TX 77446-0475	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Fred <hr/> Contributor address; City; State; Zip Code Washington, DC 20017-2923	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Howard <hr/> Contributor address; City; State; Zip Code Oldsmar, FL 34677-4205	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Mary <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-8318	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Winnie <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629-8705	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Transcor Recycling

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/346 Rpt: 160/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Shirley <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10469-3808	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Jill <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-4530	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Carol <hr/> Contributor address; City; State; Zip Code Clinton, WA 98236-9118	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jobe, Charlene <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-2110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Bruce <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2949	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/346 Rpt: 161/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-6229	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Woodbridge, VA 22193-1000	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Woodbridge, VA 22193-1000	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Diana <hr/> Contributor address; City; State; Zip Code Upr Montclair, NJ 07043-2219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Edwin <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/346 Rpt: 162/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jerald <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-3606	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Rich <hr/> Contributor address; City; State; Zip Code Morristown, NJ 07960-5500	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Rosalba <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245-2405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Rubye <hr/> Contributor address; City; State; Zip Code Marion, AR 72364-5000	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232-2450	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/346 Rpt: 163/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75232-2450	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232-2450	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson Jr., Wayne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30312-3210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Scientist		Employer (See Instructions) CDC
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ann <hr/> Contributor address; City; State; Zip Code Dayton, OH 45458-2850	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Christopher <hr/> Contributor address; City; State; Zip Code Pittsfield, MA 01201-5810	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/346 Rpt: 164/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Darrell <hr/> 6 Contributor address; City; State; Zip Code Port Townsend, WA 98368-6604	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ethan <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116-1585	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeffrey <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-2701	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rachael <hr/> Contributor address; City; State; Zip Code Valparaiso, IN 46383-9730	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Southlane Veterinary Hospital
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalkwarf, Joan <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85756-9186	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/346 Rpt: 165/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamerbeek, Vera 6 Contributor address; City; State; Zip Code College Station, TX 77840-2343	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Coldwell Banker
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanagaki, Kenneth Contributor address; City; State; Zip Code San Antonio, TX 78216-5238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Jacobs Engineering
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaner, Janet Contributor address; City; State; Zip Code Dallas, TX 75248-2751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaney, Nancy Contributor address; City; State; Zip Code Wittenberg, WI 54499-8540	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanner, Jason Contributor address; City; State; Zip Code New York, NY 10010	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/346 Rpt: 166/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kantner, Mildred <hr/> 6 Contributor address; City; State; Zip Code Northridge, CA 91324-2409	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Gerry <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-4047	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karlson, David <hr/> Contributor address; City; State; Zip Code New York, NY 10019-4544	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Stagehand		Employer (See Instructions) Shubert Org
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Ronald <hr/> Contributor address; City; State; Zip Code Saint Helena, CA 94574-0430	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Brooke <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-5502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/346 Rpt: 167/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kegel, Barbara 6 Contributor address; City; State; Zip Code Omaha, NE 68164-5058	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) ISODISC
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelk, Elizabeth Contributor address; City; State; Zip Code Charlotte, NC 28205-3642	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Program		Employer (See Instructions) Shutterfly
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, John Contributor address; City; State; Zip Code Avon, CT 06001-4547	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, John Contributor address; City; State; Zip Code Avon, CT 06001-4547	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, John Contributor address; City; State; Zip Code Avon, CT 06001-4547	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/346 Rpt: 168/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, John <hr/> 6 Contributor address; City; State; Zip Code Avon, CT 06001-4547	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Linda <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1417	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Wayland Baptist University
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Linda <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1417	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Wayland Baptist University
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Linda <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1417	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Wayland Baptist University
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Linda <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1417	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Wayland Baptist University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/346 Rpt: 169/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Richard <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87110-7116	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Linda <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-1725	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University Illinois-Chicago
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-1841	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-1841	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-1841	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/346 Rpt: 170/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Michael <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041-1841	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-1841	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenwood, Joel <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33484-6437	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sachs Sax Caplan
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, David <hr/> Contributor address; City; State; Zip Code Sonoma, CA 95476-3623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Terra Firma Global Partners
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Chloe <hr/> Contributor address; City; State; Zip Code Tukwila, WA 98168-4152	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/346 Rpt: 171/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Chloe <hr/> 6 Contributor address; City; State; Zip Code Tukwila, WA 98168-4152	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalatian, George <hr/> Contributor address; City; State; Zip Code Simi Valley, CA 93065-0249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickerillo, Vincent <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Builders		Employer (See Instructions) Self Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kieffer, Roberta <hr/> Contributor address; City; State; Zip Code Willow Street, PA 17584-9049	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimber, Greg <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6423	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mover		Employer (See Instructions) Kimber Relocation Svices

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/346 Rpt: 172/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/346 Rpt: 173/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Sausalito, CA 94965-2407	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sue <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sue <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sue <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sue <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/346 Rpt: 174/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Karen <hr/> 6 Contributor address; City; State; Zip Code Modesto, CA 95355-3003	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsland, Deborah <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19804-1752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiusalas, Richard <hr/> Contributor address; City; State; Zip Code West Barnstable, MA 02668-0108	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klivans, Elinor <hr/> Contributor address; City; State; Zip Code Camden, ME 04843-1616	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klivans, Elinor <hr/> Contributor address; City; State; Zip Code Camden, ME 04843-1616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/346 Rpt: 175/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Pamela <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-4875	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koesters, Jeanne <hr/> Contributor address; City; State; Zip Code Mount Dora, FL 32757-6523	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolb, Stephen <hr/> Contributor address; City; State; Zip Code Washington, DC 20002-6213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Apple Creative		Employer (See Instructions) Apple, Inc.
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kollore, Barbara <hr/> Contributor address; City; State; Zip Code Staten Island, NY 10303-2504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koplovitz, Kay <hr/> Contributor address; City; State; Zip Code New York, NY 10023-6296	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Koplovitz. & Co, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/346 Rpt: 176/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Richard <hr/> 6 Contributor address; City; State; Zip Code West Hollywood, CA 90046-6806	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Jack <hr/> Contributor address; City; State; Zip Code Pismo Beach, CA 93449-2861	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreider, Richard <hr/> Contributor address; City; State; Zip Code Norristown, PA 19403-5620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krig, Robin <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133-4925	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucik, Hyacinth <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4310	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/346 Rpt: 177/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuczaj, Sissie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208-5405	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Okatie, SC 29909-3122	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Okatie, SC 29909-3122	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Okatie, SC 29909-3122	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulp, Russ <hr/> Contributor address; City; State; Zip Code Downingtown, PA 19335-3346	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/346 Rpt: 178/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurland, Ted <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-5806	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kusin, Betsy <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Baylor College of Medicine
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboe, Norman <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94133-3512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboe, Norman <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94133-3512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboe, Norman <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94133-3512	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/346 Rpt: 179/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labonte, Wayne <hr/> 6 Contributor address; City; State; Zip Code Erie, PA 16505-3604	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) NJ A
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Chiquitha <hr/> Contributor address; City; State; Zip Code Buda, TX 78610-9326	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Self Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakenbach, Cary <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-1148	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) Actuarial Strategies, Inc.
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra <hr/> Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra <hr/> Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/346 Rpt: 180/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra 6 Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/346 Rpt: 181/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra <hr/> 6 Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Sandra <hr/> Contributor address; City; State; Zip Code Mansfield Center, CT 06250-1201	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamberty, Deborah <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625-7854	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Web		Employer (See Instructions) US EPA
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamin, Marilyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78747-1660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) EPI		Employer (See Instructions) CEOH

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/346 Rpt: 182/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Susan <hr/> 6 Contributor address; City; State; Zip Code Asheville, NC 28803-6303	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Susan <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803-6303	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langholff, Dave <hr/> Contributor address; City; State; Zip Code Fond Du Lac, WI 54937-9139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Langholff Chiropractic
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langley, Susan <hr/> Contributor address; City; State; Zip Code Enterprise, AL 36330-1944	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langley, Susan <hr/> Contributor address; City; State; Zip Code Enterprise, AL 36330-1944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/346 Rpt: 183/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Linda <hr/> 6 Contributor address; City; State; Zip Code Gainesville, FL 32608-4210	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Linda <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608-4210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannen, Eleanor <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94595-2535	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannen, Eleanor <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94595-2535	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannen, Eleanor <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94595-2535	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/346 Rpt: 184/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laplanche, Jean-Pierre <hr/> 6 Contributor address; City; State; Zip Code Tobyhanna, PA 18466-3221	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawell, Julie <hr/> Contributor address; City; State; Zip Code Seattle, WA 98136-2011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Norma <hr/> Contributor address; City; State; Zip Code Honea Path, SC 29654-7307	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layner, Gary <hr/> Contributor address; City; State; Zip Code Auburndale, FL 33823-2002	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Nutrition Assistant		Employer (See Instructions) Polk County Schools
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leary, Patricia <hr/> Contributor address; City; State; Zip Code Naples, FL 34120-0642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/346 Rpt: 185/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leary, Patricia <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34120-0642	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lecher, Lynne <hr/> Contributor address; City; State; Zip Code Jericho, NY 11753-1729	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Vice President Sales		Employer (See Instructions) Mind64
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5515	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/346 Rpt: 186/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, James 6 Contributor address; City; State; Zip Code Houston, TX 77059-5515	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, James Contributor address; City; State; Zip Code Houston, TX 77059-5515	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jerry Contributor address; City; State; Zip Code Highland, CA 92346-1811	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Loma Linda University
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Michele Contributor address; City; State; Zip Code Los Angeles, CA 90049-2012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemond, Diane Contributor address; City; State; Zip Code Katy, TX 77450-4223	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/346 Rpt: 187/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenihan, Colleen 6 Contributor address; City; State; Zip Code Novato, CA 94945-3518	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lepore, Lawrence Contributor address; City; State; Zip Code Pompton Lakes, NJ 07442-1331	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Chuck Contributor address; City; State; Zip Code Lake Worth, FL 33467-7372	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Rebecca Contributor address; City; State; Zip Code New York, NY 10003-8761	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Rebecca Contributor address; City; State; Zip Code New York, NY 10003-8761	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/346 Rpt: 188/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Rebecca <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10003-8761	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Robert <hr/> Contributor address; City; State; Zip Code Sherman Oaks, CA 91403-3110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Ellen <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95401-4476	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewno, Mark <hr/> Contributor address; City; State; Zip Code Lavon, TX 75166-1260	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Harman International
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyendecker, M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-5613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/346 Rpt: 189/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyendecker, M. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-5613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lima, Laura <hr/> Contributor address; City; State; Zip Code Choctaw, OK 73020-9739	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindquist, Robert <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4813	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cal. Teachers Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Ruth <hr/> Contributor address; City; State; Zip Code Plano, TX 75023-1407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Kelby <hr/> Contributor address; City; State; Zip Code Bradenton, FL 34205-6714	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) ACP Real Estate, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/346 Rpt: 190/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Kelby <hr/> 6 Contributor address; City; State; Zip Code Bradenton, FL 34205-6714	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) ACP Real Estate, Inc.
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Kelby <hr/> Contributor address; City; State; Zip Code Bradenton, FL 34205-6714	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) ACP Real Estate, Inc.
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisle, Stephen <hr/> Contributor address; City; State; Zip Code Orange, TX 77632-6848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisle, Steve <hr/> Contributor address; City; State; Zip Code Orange, TX 77632-6848	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobstein, Marion <hr/> Contributor address; City; State; Zip Code Warrenton, VA 20186-2653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/346 Rpt: 191/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lochman, Daniel <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666-3035	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Dennis <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-1548	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Legacy Equity Valuations, Inc.
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, J. <hr/> Contributor address; City; State; Zip Code East Carondelet, IL 62240-0204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locker, Georgia <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-1524	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locker, Georgia <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-1524	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/346 Rpt: 192/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Michelle 6 Contributor address; City; State; Zip Code Plano, TX 75093-8893	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardi, Anne Contributor address; City; State; Zip Code Forest Park, IL 60130-3705	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardi, Anne Contributor address; City; State; Zip Code Forest Park, IL 60130-3705	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardi, Anne Contributor address; City; State; Zip Code Forest Park, IL 60130-3705	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomeli, Hector Contributor address; City; State; Zip Code Los Angeles, CA 90064-3002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Traffic Control Officer		Employer (See Instructions) City of Beverly Hills

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/346 Rpt: 193/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Gaye <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-1743	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-8700	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-8700	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-8700	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looby, Judtih <hr/> Contributor address; City; State; Zip Code North Fork, CA 93643-9514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/346 Rpt: 194/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looby, Judtih <hr/> 6 Contributor address; City; State; Zip Code North Fork, CA 93643-9514	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looby, Judtih <hr/> Contributor address; City; State; Zip Code North Fork, CA 93643-9514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Carolyn <hr/> Contributor address; City; State; Zip Code Irving, TX 75062-5351	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Showroom
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrie, Theodore <hr/> Contributor address; City; State; Zip Code Washington, DC 20018-3800	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) USN
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Renee <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8358	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/346 Rpt: 195/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Renee <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8358	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Renee <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8358	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luchtenberg, Joyce <hr/> Contributor address; City; State; Zip Code New York, NY 10017-1526	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciani, Curtis <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-3149	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Customer Support		Employer (See Instructions) Square Root, Inc.
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciani, Curtis <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-3149	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Customer Support		Employer (See Instructions) Square Root, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/346 Rpt: 196/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luciani, Curtis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723-3149	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Customer Support		9 Employer (See Instructions) Square Root, Inc.
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusan, Jason <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634-4204	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusan, Jason <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634-4204	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusan, Jason <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634-4204	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Marcia <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1714	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/346 Rpt: 197/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Gayle <hr/> 6 Contributor address; City; State; Zip Code Grayslake, IL 60030-4425	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kelly <hr/> Contributor address; City; State; Zip Code Sherman Oaks, CA 91403-5555	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mortgage Broker		Employer (See Instructions) KPL Select Mortgage, Inc.
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Liz <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-6004	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magdaleno, Yolanda <hr/> Contributor address; City; State; Zip Code Tustin, CA 92780-3969	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malave, Deborah <hr/> Contributor address; City; State; Zip Code Chesterfield, MI 48051-2511	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/346 Rpt: 198/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malave, Deborah <hr/> 6 Contributor address; City; State; Zip Code Chesterfield, MI 48051-2511	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malave, Deborah <hr/> Contributor address; City; State; Zip Code Chesterfield, MI 48051-2511	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malloch, Wendy <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-5222	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Freescale
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallozzi, Dorothy <hr/> Contributor address; City; State; Zip Code Townsend, DE 19734-9141	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloff, Sandra <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98683-5145	Amount of Contribution (\$) \$1.62
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/346 Rpt: 199/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloff, Sandra <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98683-5145	7 Amount of Contribution (\$) <div style="text-align: right;">\$2.50</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloff, Sandra <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98683-5145	Amount of Contribution (\$) <div style="text-align: right;">\$4.25</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloff, Sandra <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98683-5145	Amount of Contribution (\$) <div style="text-align: right;">\$3.26</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloff, Sandra <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98683-5145	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Timothy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-1210	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) American

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/346 Rpt: 200/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mancini, Leeanne <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98684-6991	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manck, Katy <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75645-7181	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Manie <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070-5705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcil, Allan <hr/> Contributor address; City; State; Zip Code Saint Augustine, FL 32080-3780	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Flagler College
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolin, Jeanette <hr/> Contributor address; City; State; Zip Code Kentfield, CA 94904-1512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/346 Rpt: 201/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Hannah 6 Contributor address; City; State; Zip Code New York, NY 10128-3527	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Robert Contributor address; City; State; Zip Code Brooklyn, NY 11217-2477	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Calvin Contributor address; City; State; Zip Code San Diego, CA 92139-2515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Calvin Contributor address; City; State; Zip Code San Diego, CA 92139-2515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Calvin Contributor address; City; State; Zip Code San Diego, CA 92139-2515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/346 Rpt: 202/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, David <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641-5610	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, David <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-5610	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, David <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-5610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Leigh <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744-5039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Timothy <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33308-7549	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Proofreader		Employer (See Instructions) TCW

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/346 Rpt: 203/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, William <hr/> 6 Contributor address; City; State; Zip Code Visalia, CA 93277-1662	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Alice <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-3666	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Re Broker		Employer (See Instructions) Velocity Realty, LLC
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Frances <hr/> Contributor address; City; State; Zip Code Chula Vista, CA 91911-1519	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-2222	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ileana <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-2222	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Kidney Specialists

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/346 Rpt: 204/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Sergio <hr/> 6 Contributor address; City; State; Zip Code Norwalk, CA 90650-3832	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Hacienda La Puente Usd
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Sergio <hr/> Contributor address; City; State; Zip Code Norwalk, CA 90650-3832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hacienda La Puente Usd
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martini, George <hr/> Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33418-6935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Estee Lauder
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mashman, Jan <hr/> Contributor address; City; State; Zip Code Mount Pleasant, SC 29464-1814	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mashman, Jan <hr/> Contributor address; City; State; Zip Code Mount Pleasant, SC 29464-1814	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/346 Rpt: 205/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mashman, Jan <hr/> 6 Contributor address; City; State; Zip Code Mount Pleasant, SC 29464-1814	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, Amanda <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, H. <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2481	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell-Lefcowitz, Cheryl <hr/> Contributor address; City; State; Zip Code Fredericksburg, VA 22405-2776	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) MCL & Associates

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/346 Rpt: 206/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Robert <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94704-3412	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Robert <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94704-3412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Linda <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-8107	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Mary <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94952-2811	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAfee, Kathleen <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-6019	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/346 Rpt: 207/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnally, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Snyder, TX 79549-0833	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Victoria <hr/> Contributor address; City; State; Zip Code Redding, CA 96049-4028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCants, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCants, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCants, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/346 Rpt: 208/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCauley, Home 6 Contributor address; City; State; Zip Code Omaha, NE 68104-3318	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Millard Public Schools
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick, John Contributor address; City; State; Zip Code Asbury Park, NJ 07712-5686	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Kirby Contributor address; City; State; Zip Code Austin, TX 78722-1924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code Washington, DC 20008-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code Washington, DC 20008-3404	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/346 Rpt: 209/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan 6 Contributor address; City; State; Zip Code Washington, DC 20008-3404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code Washington, DC 20008-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code Washington, DC 20008-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Jessica Contributor address; City; State; Zip Code Graham, TX 76450-6971	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Jack Contributor address; City; State; Zip Code Houston, TX 77065-4462	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/346 Rpt: 210/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden-Hightower, Delbra 6 Contributor address; City; State; Zip Code Converse, TX 78109-3333	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden-Hightower, Delbra Contributor address; City; State; Zip Code Converse, TX 78109-3333	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden-Hightower, Delbra Contributor address; City; State; Zip Code Converse, TX 78109-3333	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden-Hightower, Delbra Contributor address; City; State; Zip Code Converse, TX 78109-3333	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden-Hightower, Delbra Contributor address; City; State; Zip Code Converse, TX 78109-3333	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/346 Rpt: 211/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGannon, Louise 6 Contributor address; City; State; Zip Code Mitchell, SD 57301-6308	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Stiles Law Firm
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Diane Contributor address; City; State; Zip Code Santa Monica, CA 90403-1407	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Mary Contributor address; City; State; Zip Code Houston, TX 77074-7739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHugh, Charles Contributor address; City; State; Zip Code Houston, TX 77019-1122	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHugh, Charles Contributor address; City; State; Zip Code Houston, TX 77019-1122	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/346 Rpt: 212/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> 6 Contributor address; City; State; Zip Code Willow, NY 12495-5006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495-5006	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495-5006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Donna <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-5149	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Peter <hr/> Contributor address; City; State; Zip Code Fairfield Township, OH 45011-5153	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) P&G

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/346 Rpt: 213/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Jan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3605	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Michael <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642-5858	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Laurie <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515-4714	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Laurie <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515-4714	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNutt, Kimberly <hr/> Contributor address; City; State; Zip Code San Bruno, CA 94066-4810	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) SM-FCSD

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/346 Rpt: 214/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sue 6 Contributor address; City; State; Zip Code Sherman, TX 75090-6420	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Len Contributor address; City; State; Zip Code Lufkin, TX 75904-0808	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Joseph Contributor address; City; State; Zip Code Tomball, TX 77377-8419	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medrano, Diana Contributor address; City; State; Zip Code San Antonio, TX 78251-2441	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercereau, James Contributor address; City; State; Zip Code Naples, FL 34109-0477	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/346 Rpt: 215/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercereau, James <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34109-0477	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Andre <hr/> Contributor address; City; State; Zip Code Forney, TX 75126-4045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Probation Officer		Employer (See Instructions) Kaufman County
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messmer, Kim <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051-1154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Valerie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233-2542	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelson, Connie <hr/> Contributor address; City; State; Zip Code White Salmon, WA 98672-8618	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/346 Rpt: 216/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681-2315	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joan <hr/> Contributor address; City; State; Zip Code Staten Island, NY 10314-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015-2219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kendrick <hr/> Contributor address; City; State; Zip Code Salisbury, NC 28146-2341	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kendrick <hr/> Contributor address; City; State; Zip Code Salisbury, NC 28146-2341	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/346 Rpt: 217/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kendrick <hr/> 6 Contributor address; City; State; Zip Code Salisbury, NC 28146-2341	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millikan, Carroll <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner, Jessica <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85737-8921	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minnig, Sean <hr/> Contributor address; City; State; Zip Code Mendocino, CA 95460-9759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minns, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-2845	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Minns & Arnett

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/346 Rpt: 218/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Billie <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110-3412	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Billie <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110-3412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Jay <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088-6863	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Mitchell Acoustics Research, LLC
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mogil, Rona <hr/> Contributor address; City; State; Zip Code Germantown, TN 38139-6571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/346 Rpt: 219/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monie, Peter <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1502	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Dishwasher		Employer (See Instructions) Red Robin Restaurants
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, John <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-4800	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe Hanley, Beverly <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23185-2897	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Debra <hr/> Contributor address; City; State; Zip Code Bushland, TX 79012-0493	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/346 Rpt: 220/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Katherine <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75228-5949	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moos, Susan <hr/> Contributor address; City; State; Zip Code Naples, FL 34113-8083	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Josefina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79924-1005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Josefina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79924-1005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Paul <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131-1935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/346 Rpt: 221/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Dale <hr/> 6 Contributor address; City; State; Zip Code Waukesha, WI 53189-7993	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Dewey <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590-7806	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrisey, Jerry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-2327	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Laboratory Director		Employer (See Instructions) Self Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene <hr/> Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Caroline <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90020-4721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/346 Rpt: 222/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motz, Patricia 6 Contributor address; City; State; Zip Code Lone Tree, CO 80124-5437	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Bank Compliance		9 Employer (See Instructions) Wells Fargo Bank
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motz, Patricia Contributor address; City; State; Zip Code Lone Tree, CO 80124-5437	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Bank Compliance		Employer (See Instructions) Wells Fargo Bank
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moverman, Thomas Contributor address; City; State; Zip Code New York, NY 10024-6026	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrvos, Richard Contributor address; City; State; Zip Code Collinsville, IL 62234-3434	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullis-Phifer, Virginia Contributor address; City; State; Zip Code Charlotte, NC 28215-2032	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/346 Rpt: 223/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munda, Susan <hr/> 6 Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1162	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Restaurant Worker		9 Employer (See Instructions) Self Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munroe, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-4336	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munroe, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-4336	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munroe, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-4336	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Donald <hr/> Contributor address; City; State; Zip Code Wappingers Falls, NY 12590-2232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/346 Rpt: 224/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Mary <hr/> 6 Contributor address; City; State; Zip Code Pacifica, CA 94044-2305	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Mary <hr/> Contributor address; City; State; Zip Code Pacifica, CA 94044-2305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Mary <hr/> Contributor address; City; State; Zip Code Pacifica, CA 94044-2305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Steven <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33308-6012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/346 Rpt: 225/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Steven 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33308-6012	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakhoda, Christina Contributor address; City; State; Zip Code Dallas, TX 75243-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Names, Christine Contributor address; City; State; Zip Code Norwalk, CT 06851-4444	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Names, Christine Contributor address; City; State; Zip Code Norwalk, CT 06851-4444	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Names, Christine Contributor address; City; State; Zip Code Norwalk, CT 06851-4444	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/346 Rpt: 226/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naugher, Loran <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeley, Bonnie <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110-1580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Claudia <hr/> Contributor address; City; State; Zip Code Seattle, WA 98112-2243	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vernon <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-6516	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vernon <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-6516	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/346 Rpt: 227/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vernon <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-6516	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023-6206	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Ruth Nerken
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestaval, Nancy <hr/> Contributor address; City; State; Zip Code Saint Cloud, MN 56301-9633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestaval, Nancy <hr/> Contributor address; City; State; Zip Code Saint Cloud, MN 56301-9633	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code De Peyster, NY 13633-3405	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/346 Rpt: 228/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> 6 Contributor address; City; State; Zip Code De Peyster, NY 13633-3405	7 Amount of Contribution (\$) <div style="text-align: right;">\$11.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code De Peyster, NY 13633-3405	Amount of Contribution (\$) <div style="text-align: right;">\$8.50</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code De Peyster, NY 13633-3405	Amount of Contribution (\$) <div style="text-align: right;">\$7.50</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code De Peyster, NY 13633-3405	Amount of Contribution (\$) <div style="text-align: right;">\$7.50</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Tho <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-6277	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/346 Rpt: 229/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Kent <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85705-1870	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Cabinetmaker		9 Employer (See Instructions) Helen Street Designs, LLC
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ninaud, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4531	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordahl, Thomas <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UCD
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Regina <hr/> Contributor address; City; State; Zip Code Liberty, MO 64068-3093	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Gary <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-4125	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/346 Rpt: 230/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Westland, MI 48186-5429	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Victoria <hr/> Contributor address; City; State; Zip Code Raymore, MO 64083-8714	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Donnell, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77043-4718	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obranovich, Joan <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-3835	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Gerard <hr/> Contributor address; City; State; Zip Code Brea, CA 92821-4420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/346 Rpt: 231/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Gerard <hr/> 6 Contributor address; City; State; Zip Code Brea, CA 92821-4420	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Gerard <hr/> Contributor address; City; State; Zip Code Brea, CA 92821-4420	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Gerard <hr/> Contributor address; City; State; Zip Code Brea, CA 92821-4420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnell, Victoria <hr/> Contributor address; City; State; Zip Code Raymore, MO 64083-8714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofurhie, Julian <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-5482	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/346 Rpt: 232/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofurhie, Julian <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-5482	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogawa, Jerry <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93108-2848	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/346 Rpt: 233/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith 6 Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojile, Judith Contributor address; City; State; Zip Code Wildwood, MO 63011-1920	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Joel Contributor address; City; State; Zip Code Round Rock, TX 78665-4638	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive, Marilyn Contributor address; City; State; Zip Code Fort Worth, TX 76177-7394	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/346 Rpt: 234/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Carl <hr/> 6 Contributor address; City; State; Zip Code Pasadena, CA 91101-1285	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Carl <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91101-1285	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Carl <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91101-1285	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Fredha <hr/> Contributor address; City; State; Zip Code Gold Beach, OR 97444-8516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar, Rae <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-1597	Amount of Contribution (\$) \$8.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/346 Rpt: 235/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omotayo, Adekunle <hr/> 6 Contributor address; City; State; Zip Code Tallahassee, FL 32312-4085	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CHP
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oplinger, Willard <hr/> Contributor address; City; State; Zip Code Rockville, MD 20852-2965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orozco, Eduardo <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617-5750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employment Specialist		Employer (See Instructions) Integral Care
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Charles <hr/> Contributor address; City; State; Zip Code New York, NY 10029-5773	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Charles <hr/> Contributor address; City; State; Zip Code New York, NY 10029-5773	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/346 Rpt: 236/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Gwen <hr/> 6 Contributor address; City; State; Zip Code Lenoir City, TN 37771-6675	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otoshi, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-1656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Richard <hr/> Contributor address; City; State; Zip Code Moravia, NY 13118-3213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozan, Yolanda <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575-9265	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packer, Diane <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247-4449	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 234/346 Rpt: 237/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padrone, Frank <hr/> 6 Contributor address; City; State; Zip Code Manhasset, NY 11030-1552	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padrone, Frank <hr/> Contributor address; City; State; Zip Code Manhasset, NY 11030-1552	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palermo, Gladys <hr/> Contributor address; City; State; Zip Code Woodside, NY 11377-4255	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palermo, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10128-1140	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Associate Real Estate Broker		Employer (See Instructions) The Corcoran Group
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/346 Rpt: 238/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2464	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2464	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Duane Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2464	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Hazel Contributor address; City; State; Zip Code Huntington, WV 25701-9451	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandey, Christa Contributor address; City; State; Zip Code Austin, TX 78749-2763	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/346 Rpt: 239/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Neal <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90026-1112	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Neal <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-1112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Neal <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-1112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, Howard <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-5426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parken, Judy <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-1244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/346 Rpt: 240/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Billie <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87501-2835	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William <hr/> Contributor address; City; State; Zip Code Troy, MO 63379-2423	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, William <hr/> Contributor address; City; State; Zip Code Troy, MO 63379-2423	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmar, Harish <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-1419	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmar, Harish <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-1419	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/346 Rpt: 241/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Beatriz <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7848	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Beatriz <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7848	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passikoff, Nancy <hr/> Contributor address; City; State; Zip Code Raton, NM 87740-2846	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Ramesh <hr/> Contributor address; City; State; Zip Code Wichita, KS 67206-2102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Boeing
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patten, Robert <hr/> Contributor address; City; State; Zip Code Sayre, OK 73662-4102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/346 Rpt: 242/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelko, Ian <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53704-4007	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Budget Technician		9 Employer (See Instructions) USGS Upper Midwest Water Science Center
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peace, Tom <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644-2506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurseryman		Employer (See Instructions) Self Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peace, Tom <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644-2506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurseryman		Employer (See Instructions) Self Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Mary <hr/> Contributor address; City; State; Zip Code Mountain Home, AR 72653-7937	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/346 Rpt: 243/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peeso, Jennifer 6 Contributor address; City; State; Zip Code Lakewood, CO 80228-1170	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Fundraising		9 Employer (See Instructions) Crow Canyon Archaeological Center
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Joseph Contributor address; City; State; Zip Code San Antonio, TX 78213-3410	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penermon, Angelean Contributor address; City; State; Zip Code Frisco, TX 75036-1428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pentz, Gail Contributor address; City; State; Zip Code San Antonio, TX 78249-3287	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Yvonne Contributor address; City; State; Zip Code Kyle, TX 78640-5542	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Ascension Seton Edgar B. Davis

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/346 Rpt: 244/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Dennis <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-7903	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Dennis <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-7903	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Dennis <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-7903	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Dennis <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-7903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Dennis <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-7903	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/346 Rpt: 245/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> 6 Contributor address; City; State; Zip Code Algonquin, IL 60102-3209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102-3209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102-3209	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Julia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75708-3403	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Julia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75708-3403	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/346 Rpt: 246/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Nancy <hr/> 6 Contributor address; City; State; Zip Code Lancaster, CA 93536-5465	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettigrew, Samuel <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75051-1517	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettinger, Aileen <hr/> Contributor address; City; State; Zip Code Saginaw, MI 48602-3349	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Region Training Chief		Employer (See Instructions) State of Michigan
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Robert <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-6100	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Han <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-4936	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Panasonic Energy

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/346 Rpt: 247/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Han <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-4936	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions) Panasonic Energy
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Han <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-4936	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Panasonic Energy
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip, Alice <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089-3854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions) MCD Hospital
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jacqueline <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-7946	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HP, Inc.
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Marie <hr/> Contributor address; City; State; Zip Code Rockford, IL 61114-5410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 245/346 Rpt: 248/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phoenix, Suzen <hr/> 6 Contributor address; City; State; Zip Code Ramona, CA 92065-4337	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piffero, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-7019	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinder, Andreeva <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11213-5079	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Edith <hr/> Contributor address; City; State; Zip Code Guilford, VT 05301-8771	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Chrystin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-5315	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clinical Research Monitor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 246/346 Rpt: 249/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pluta, James <hr/> 6 Contributor address; City; State; Zip Code Valley Village, CA 91607-2622	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) Self Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polash, Dorothy <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-4466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Jesse <hr/> Contributor address; City; State; Zip Code Houston, TX 77058-2250	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Jennifer <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-4109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Jennifer <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-4109	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 247/346 Rpt: 250/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Huntersville, NC 28078-4609	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Jan <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060-6473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pratt, Jamie <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015-5525	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Custodial Foreman		Employer (See Instructions) Canyon ISD
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Press, William <hr/> Contributor address; City; State; Zip Code South Hamilton, MA 01982-1812	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Massachusetts General Hospital
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Denise <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98226-4251	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/346 Rpt: 251/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Denise <hr/> 6 Contributor address; City; State; Zip Code Bellingham, WA 98226-4251	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Denise <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98226-4251	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prisant, Nadia <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-5114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Randal <hr/> Contributor address; City; State; Zip Code Reno, NV 89502-9545	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaintance, Don <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5073	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graphic Design		Employer (See Instructions) Public Address Design

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/346 Rpt: 252/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quan, Ronald <hr/> 6 Contributor address; City; State; Zip Code Cupertino, CA 95014-3885	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queen, Frank <hr/> Contributor address; City; State; Zip Code Nashua, NH 03060-5136	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queen, Frank <hr/> Contributor address; City; State; Zip Code Nashua, NH 03060-5136	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinlan, James <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051-1606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, H. <hr/> Contributor address; City; State; Zip Code Cadiz, KY 42211-1549	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/346 Rpt: 253/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rakela, Craig 6 Contributor address; City; State; Zip Code Sacramento, CA 95819-3911	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsay, Constance Contributor address; City; State; Zip Code Gray, ME 04039-9792	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Guardian		Employer (See Instructions) Self Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsay, Doug Contributor address; City; State; Zip Code Long Beach, CA 90807-1610	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsay, Doug Contributor address; City; State; Zip Code Long Beach, CA 90807-1610	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsay, Doug Contributor address; City; State; Zip Code Long Beach, CA 90807-1610	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 251/346 Rpt: 254/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramshaw, Gregg 6 Contributor address; City; State; Zip Code Austin, TX 78723-5475	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Ron Contributor address; City; State; Zip Code Fort Worth, TX 76133-1419	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Ron Contributor address; City; State; Zip Code Fort Worth, TX 76133-1419	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Ron Contributor address; City; State; Zip Code Fort Worth, TX 76133-1419	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Ron Contributor address; City; State; Zip Code Fort Worth, TX 76133-1419	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/346 Rpt: 255/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphael, Steve 6 Contributor address; City; State; Zip Code Austin, TX 78738-6696	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Curt Contributor address; City; State; Zip Code Grand Island, NE 68801-8609	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawson, Matthew Contributor address; City; State; Zip Code Livingston, TX 77399-2055	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Robin Contributor address; City; State; Zip Code Pflugerville, TX 78660-2571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Robin Contributor address; City; State; Zip Code Pflugerville, TX 78660-2571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 253/346 Rpt: 256/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Robin 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-2571	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagor, Linda Contributor address; City; State; Zip Code Frisco, TX 75036-6952	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rechtman, Nancy Contributor address; City; State; Zip Code Greenville, SC 29615-3408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Self Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Christine Contributor address; City; State; Zip Code Houston, TX 77096-3922	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/346 Rpt: 257/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> 6 Contributor address; City; State; Zip Code Richmond, KY 40475-1305	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/346 Rpt: 258/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> 6 Contributor address; City; State; Zip Code Richmond, KY 40475-1305	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Thomas <hr/> Contributor address; City; State; Zip Code Richmond, KY 40475-1305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, Mary <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92054-6055	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Maria <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1344	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 256/346 Rpt: 259/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Kim <hr/> 6 Contributor address; City; State; Zip Code Anchorage, AK 99515-3516	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehbein, Jurg <hr/> Contributor address; City; State; Zip Code New York, NY 10014-7808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cmo		Employer (See Instructions) JD Carlisle
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichert, Michel <hr/> Contributor address; City; State; Zip Code Summerland Key, FL 33042-4508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilling, Gordon <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756-3842	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Jeanne <hr/> Contributor address; City; State; Zip Code Pittsburg, CA 94565-6337	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/346 Rpt: 260/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/346 Rpt: 261/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Sidney <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinke, Donald <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98229-2125	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinke, Donald <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98229-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiss, David <hr/> Contributor address; City; State; Zip Code Hoboken, NJ 07030-5874	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Importer		Employer (See Instructions) Match 1995
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reissman, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2358	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Learnig Specialist		Employer (See Instructions) JFYNetWorks

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 259/346 Rpt: 262/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reitman, Marjorie <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10014-1956	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reitman, Marjorie <hr/> Contributor address; City; State; Zip Code New York, NY 10014-1956	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Marjorie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-2821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Marjorie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-2821	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Marjorie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-2821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 260/346 Rpt: 263/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Kathleen 6 Contributor address; City; State; Zip Code San Jose, CA 95112-4065	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Harvey Contributor address; City; State; Zip Code Galveston, TX 77554-6385	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Arthur Contributor address; City; State; Zip Code Gray Court, SC 29645-4166	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Arthur Contributor address; City; State; Zip Code Gray Court, SC 29645-4166	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Glenn Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Travis County Counseling and Education Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 261/346 Rpt: 264/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Glenn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78753	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Travis County Counseling and Education Services
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Glenn <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Travis County Counseling and Education Services
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Glenn <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Travis County Counseling and Education Services
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Kathleen <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5335	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Math Perspectives Teacher Development Center
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Michaelle <hr/> Contributor address; City; State; Zip Code Northfield, NJ 08225-1515	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 262/346 Rpt: 265/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ries, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78733-3424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigoulot, Leslie <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-2812	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Maria <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2522	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UCLA Medical Center
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Maria <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2522	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UCLA Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Maria <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2522	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UCLA Medical Center

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/346 Rpt: 266/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Carmen <hr/> 6 Contributor address; City; State; Zip Code Toledo, OR 97391-0861	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Edith <hr/> Contributor address; City; State; Zip Code Grand Blanc, MI 48439-8732	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/346 Rpt: 267/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. 6 Contributor address; City; State; Zip Code Austin, TX 78731-5924	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 265/346 Rpt: 268/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. 6 Contributor address; City; State; Zip Code Austin, TX 78731-5924	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, M. Contributor address; City; State; Zip Code Austin, TX 78731-5924	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Ronnie Contributor address; City; State; Zip Code Mesquite, TX 75187-1392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 266/346 Rpt: 269/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Pt Products And Services, Inc.
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 267/346 Rpt: 270/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Pt Products And Services, Inc.
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Simon Contributor address; City; State; Zip Code Cedar Park, TX 78613-4821	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Pt Products And Services, Inc.
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Diane Contributor address; City; State; Zip Code Fort Collins, CO 80528-9125	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, David Contributor address; City; State; Zip Code Houston, TX 77006-4429	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kenneth Contributor address; City; State; Zip Code Gaithersburg, MD 20877-2888	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 268/346 Rpt: 271/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Vallie <hr/> 6 Contributor address; City; State; Zip Code Caledonia, WI 53402-1931	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollerson, Cynthia <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6698	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Global Operations		Employer (See Instructions) Insight
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roos, Carolyn <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4856	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Engineer		Employer (See Instructions) WSU Energy Prog
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roos, Carolyn <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4856	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Engineer		Employer (See Instructions) WSU Energy Prog
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roquemore, Kimberley <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-2434	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. John's School

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 269/346 Rpt: 272/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roquemore, Kimberley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-2434	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) St. John's School
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roscow, Robert <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-2209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Ilene <hr/> Contributor address; City; State; Zip Code Floral Park, NY 11005-1023	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hamburger Woolen Co.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Michael <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) University of California San Diego
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosmond, Polly <hr/> Contributor address; City; State; Zip Code Olympia, WA 98512-9422	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 270/346 Rpt: 273/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosmond, Polly <hr/> 6 Contributor address; City; State; Zip Code Olympia, WA 98512-9422	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosmond, Polly <hr/> Contributor address; City; State; Zip Code Olympia, WA 98512-9422	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Chaia <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87110-6178	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Chaia <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87110-6178	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Dan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-1452	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 271/346 Rpt: 274/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Dan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-1452	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothman, Ellen <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-3186	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruble, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77092-6615	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudebusch, Verne <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2157	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudebusch, Verne <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2157	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 272/346 Rpt: 275/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudman, Michelina <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-6232	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudman, Michelina <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-6232	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, David <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-8807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruhl, Mary <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90020-4720	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupp, Debra <hr/> Contributor address; City; State; Zip Code Lee, MA 01238-0672	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Actress		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 273/346 Rpt: 276/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russek, Frank <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20007-1518	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Virginia <hr/> Contributor address; City; State; Zip Code Nashville, TN 37214-2820	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Virginia <hr/> Contributor address; City; State; Zip Code Nashville, TN 37214-2820	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Leonard <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746-1951	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Leonard <hr/> Contributor address; City; State; Zip Code Shelbyville, KY 40065-6509	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 274/346 Rpt: 277/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Leonard <hr/> 6 Contributor address; City; State; Zip Code Shelbyville, KY 40065-6509	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Leonard <hr/> Contributor address; City; State; Zip Code Shelbyville, KY 40065-6509	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 275/346 Rpt: 278/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryland, Warren <hr/> 6 Contributor address; City; State; Zip Code Lincoln City, OR 97367-5324	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryon, James <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210-3094	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Joyce <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-2023	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salom, Susan <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-3622	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvat, Alina <hr/> Contributor address; City; State; Zip Code Johnston, IA 50131-1606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Interpreter		Employer (See Instructions) ACELS, LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 276/346 Rpt: 279/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvat, Alina <hr/> 6 Contributor address; City; State; Zip Code Johnston, IA 50131-1606	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Interpreter		9 Employer (See Instructions) ACELS, LLC
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvat, Alina <hr/> Contributor address; City; State; Zip Code Johnston, IA 50131-1606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Interpreter		Employer (See Instructions) ACELS, LLC
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sand, Betsy <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-4802	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Barbara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232-2045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sangbhgh, W. <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-7273	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 277/346 Rpt: 280/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santizo, Dan <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94118-3718	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Facility Manager		9 Employer (See Instructions) City of San Francisco
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sassi, Peggy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-1237	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasso, Denise <hr/> Contributor address; City; State; Zip Code Old Bridge, NJ 08857-2279	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) CWC
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satz, Geraldine <hr/> Contributor address; City; State; Zip Code Boise, ID 83716-6201	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo, George <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-1730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/346 Rpt: 281/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaeffer-Johnson, Sandra <hr/> 6 Contributor address; City; State; Zip Code Novato, CA 94947-4795	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) BOC		9 Employer (See Instructions) Wareham Property Group
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenck, Garrett <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schimmel, Lisa <hr/> Contributor address; City; State; Zip Code Portland, OR 97232-1425	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Lisa Schimmel
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleimer, Catherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-3057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleimer, Catherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-3057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/346 Rpt: 282/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleimer, Catherine 6 Contributor address; City; State; Zip Code Houston, TX 77094-3057	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlosser, Michael Contributor address; City; State; Zip Code Rowlett, TX 75089-7425	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmoller, Aileen Contributor address; City; State; Zip Code Palo Alto, CA 94306-2638	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Judith Contributor address; City; State; Zip Code Hewlett, NY 11557-2408	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Judith Contributor address; City; State; Zip Code Hewlett, NY 11557-2408	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 280/346 Rpt: 283/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Judith <hr/> 6 Contributor address; City; State; Zip Code Hewlett, NY 11557-2408	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnorbus, Virginia <hr/> Contributor address; City; State; Zip Code Brigantine, NJ 08203-3632	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schooley, Pb <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Pb Schooley
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, David <hr/> Contributor address; City; State; Zip Code Fort Davis, TX 79734-1094	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Limpia Operating Inc
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, David <hr/> Contributor address; City; State; Zip Code Fort Davis, TX 79734-1094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Limpia Operating Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 281/346 Rpt: 284/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Brian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-1337	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Lowes
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seebeck, Michael <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33763-4332	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Telecommunications Engineer		Employer (See Instructions) Wellcare
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensenig, Arthur <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-1103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensenig, Arthur <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-1103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensenig, Arthur <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-1103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 282/346 Rpt: 285/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sere, Susanne <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-3153	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Lone Star Legal Aid
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin, Louise <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4581	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin, Minnie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4581	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin, Minnie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4581	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Lawrence <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33483-6829	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 283/346 Rpt: 286/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Delray Beach, FL 33483-6829	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Geraldine <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30331-2706	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shavlik, Donna <hr/> Contributor address; City; State; Zip Code Estes Park, CO 80517-6923	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, C. <hr/> Contributor address; City; State; Zip Code Monte Alto, TX 78538-3186	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Sara <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-5314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 284/346 Rpt: 287/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidbury, Mercy <hr/> 6 Contributor address; City; State; Zip Code Sebastopol, CA 95472-2017	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Movement Therapist		9 Employer (See Instructions) Self Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Eric <hr/> Contributor address; City; State; Zip Code Rockville, MD 20853-2332	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Pace, Inc.
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Ana <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-9706	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverbook, Robert <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99508-3926	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Silverbook Electric
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Billy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069-2748	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Letter Carrier		Employer (See Instructions) USPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 285/346 Rpt: 288/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Barbara <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15236-3463	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Clifford <hr/> Contributor address; City; State; Zip Code Englewood, NJ 07631-5121	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Englewood hospital
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Jane <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131-1569	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Vickie <hr/> Contributor address; City; State; Zip Code Salem, OR 97302-3967	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinisi, Nuala <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-1729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/346 Rpt: 289/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Daphne <hr/> 6 Contributor address; City; State; Zip Code Marion, NC 28752-4828	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slguero, Jose <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-8529	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anita <hr/> Contributor address; City; State; Zip Code Plano, TX 75023-1018	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cynthia <hr/> Contributor address; City; State; Zip Code Moab, UT 84532-3222	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Erik <hr/> Contributor address; City; State; Zip Code New York, NY 10003-4321	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 287/346 Rpt: 290/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Janet <hr/> 6 Contributor address; City; State; Zip Code Bradenton, FL 34203-4581	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jenny <hr/> Contributor address; City; State; Zip Code Wheeler, TX 79096-0468	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John <hr/> Contributor address; City; State; Zip Code Lewiston, CA 96052-9683	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 288/346 Rpt: 291/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> 6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mary <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-4439	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Oliver <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-2009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Patti <hr/> Contributor address; City; State; Zip Code Hoboken, NJ 07030-5934	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 289/346 Rpt: 292/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Patti 6 Contributor address; City; State; Zip Code New York, NY 10022-6030	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sir Contributor address; City; State; Zip Code San Antonio, TX 78256-2009	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William Contributor address; City; State; Zip Code Houston, TX 77008-3914	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60626-6943	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn Contributor address; City; State; Zip Code Chicago, IL 60626-6943	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 290/346 Rpt: 293/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smolarski, Ronald <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3330	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Rehab Counselor		9 Employer (See Instructions) Beacon Rehab
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyth, Dennis <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-1602	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Economic Development Consultant		Employer (See Instructions) Self Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snell, Farley <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-2382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sodeke, Mukandasi <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-7565	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Perugini, Inc.
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solberg, Tom <hr/> Contributor address; City; State; Zip Code Hopkins, MN 55343-8411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) 1849 Consulting LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/346 Rpt: 294/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Ira <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-3559	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Ira <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-3559	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Ira <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-3559	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Songster, Donald <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-2260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Cynthia <hr/> Contributor address; City; State; Zip Code Waco, TX 76707-1346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/346 Rpt: 295/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soros, George <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10019	7 Amount of Contribution (\$) \$2,100,000.00
8 Principal occupation / Job title (See Instructions) Business Executive		9 Employer (See Instructions) Soros Fund Management LLC
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrell, Araminta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-1653	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souza, Randy <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souza, Randy <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souza, Randy <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-5751	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 293/346 Rpt: 296/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souza, Randy <hr/> 6 Contributor address; City; State; Zip Code Saratoga, CA 95070-5751	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spangher, Jeffrey <hr/> Contributor address; City; State; Zip Code Toms River, NJ 08753-2206	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaniol-Mathews, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6485	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) TAMUCC
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaniol-Mathews, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6485	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) TAMUCC
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spaniol-Mathews, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6485	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) TAMUCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 294/346 Rpt: 297/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Colleen <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-5732	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Colleen <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Peter <hr/> Contributor address; City; State; Zip Code Wanaque, NJ 07465-1064	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sporn, Nancy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Tom <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5836	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 295/346 Rpt: 298/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Tom 6 Contributor address; City; State; Zip Code Austin, TX 78704-5836	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staebell, Sandra Contributor address; City; State; Zip Code Kirkwood, MO 63122-2425	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 296/346 Rpt: 299/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staebell, Sandra <hr/> 6 Contributor address; City; State; Zip Code Kirkwood, MO 63122-2425	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanczak, Debora-Grace <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-2430	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Teacher Artist		Employer (See Instructions) WISD
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Standifer, Richard <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-2114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jeanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6086	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, William <hr/> Contributor address; City; State; Zip Code Ocean Shores, WA 98569-9554	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 297/346 Rpt: 300/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbery, Steven <hr/> 6 Contributor address; City; State; Zip Code Tehachapi, CA 93561-5549	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbery, Steven <hr/> Contributor address; City; State; Zip Code Tehachapi, CA 93561-5549	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbery, Steven <hr/> Contributor address; City; State; Zip Code Tehachapi, CA 93561-5549	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Stuart <hr/> Contributor address; City; State; Zip Code Lincolnwood, IL 60712-3765	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffer, Hoff <hr/> Contributor address; City; State; Zip Code Gloucester, MA 01930-3658	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Wingaersheek Research Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 298/346 Rpt: 301/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Geoffrey <hr/> 6 Contributor address; City; State; Zip Code Newton Highlands, MA 02461-2045	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetch, Eleanor <hr/> Contributor address; City; State; Zip Code New York, NY 10028-6403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Kent <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-1524	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ray <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5203	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stigliani Jr., Daniel <hr/> Contributor address; City; State; Zip Code Hopewell Junction, NY 12533-5338	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 299/346 Rpt: 302/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stigliani Jr., Daniel <hr/> 6 Contributor address; City; State; Zip Code Hopewell Junction, NY 12533-5338	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stigliani Jr., Daniel <hr/> Contributor address; City; State; Zip Code Hopewell Junction, NY 12533-5338	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stillman, Myrna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-1847	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stith, Perry <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2074	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoker, Tana <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1999	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 300/346 Rpt: 303/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonecipher, Mary 6 Contributor address; City; State; Zip Code Austin, TX 78735-6367	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stooksberry, Barbara Contributor address; City; State; Zip Code Austin, TX 78749-2313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stooksberry, Barbara Contributor address; City; State; Zip Code Austin, TX 78749-2313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stooksberry, Barbara Contributor address; City; State; Zip Code Austin, TX 78749-2313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoup, Phyllis Contributor address; City; State; Zip Code Plano, TX 75075-7922	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 301/346 Rpt: 304/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Kathleen 6 Contributor address; City; State; Zip Code Roeland Park, KS 66205-1522	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Isaac Contributor address; City; State; Zip Code Sandy Springs, GA 30328-4094	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Locksmith		Employer (See Instructions) Sandy Springs Locksmith
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, Barry Contributor address; City; State; Zip Code Bedford, TX 76022-6531	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, Cynthia Contributor address; City; State; Zip Code Brooklin, ME 04616	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturtz, Laura Contributor address; City; State; Zip Code Manchaca, TX 78652-0530	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Laura Sturtz

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 302/346 Rpt: 305/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Palmetto Bay, FL 33157-3783	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surbeck, Mary <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73118-8614	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6125	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svat, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2037	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Accelerate Learning
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svat, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2037	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Accelerate Learning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 303/346 Rpt: 306/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svat, Michael <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-2037	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Videographer		9 Employer (See Instructions) Accelerate Learning
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Karen <hr/> Contributor address; City; State; Zip Code Stanton, MI 48888-9756	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Karen <hr/> Contributor address; City; State; Zip Code Stanton, MI 48888-9756	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypniewicz, Walter <hr/> Contributor address; City; State; Zip Code Azle, TX 76020-1230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabony, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-5263	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 304/346 Rpt: 307/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tacey, Gerald <hr/> 6 Contributor address; City; State; Zip Code Zephyrhills, FL 33540-8552	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tallman, Frank <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34236-5766	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Korn Ferry
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamburello, Anita <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1201	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamburello, Anita <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1201	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamburello, Anita <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1201	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 305/346 Rpt: 308/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Joanne <hr/> 6 Contributor address; City; State; Zip Code Boulder Creek, CA 95006-9180	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6509	Amount of Contribution (\$) \$1.06
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6509	Amount of Contribution (\$) \$1.06
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeau, Teresa <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001-7450	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Deedra <hr/> Contributor address; City; State; Zip Code Jonesboro, AR 72401-3962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 306/346 Rpt: 309/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Larriet <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252-5629	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert <hr/> Contributor address; City; State; Zip Code Fremont, CA 94539-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert <hr/> Contributor address; City; State; Zip Code Fremont, CA 94539-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert <hr/> Contributor address; City; State; Zip Code Fremont, CA 94539-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jan <hr/> Contributor address; City; State; Zip Code San Diego, CA 92108-4241	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 307/346 Rpt: 310/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paula <hr/> 6 Contributor address; City; State; Zip Code Orange Park, FL 32073-5682	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Sharon <hr/> Contributor address; City; State; Zip Code Columbia, SC 29214-0001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorlin, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77242-0016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Cheryl <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545-9599	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew <hr/> Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 308/346 Rpt: 311/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew 6 Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierman, Andrew Contributor address; City; State; Zip Code Saginaw, MI 48603-2838	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 309/346 Rpt: 312/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsley, Gary <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75202-4309	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Self Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titterington, Shelley <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612-4827	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titterington, Shelley <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612-4827	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 310/346 Rpt: 313/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840-4843	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-4843	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 311/346 Rpt: 314/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tizard, Claire <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840-4843	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobias, William <hr/> Contributor address; City; State; Zip Code San Ysidro, CA 92173-2444	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobias, William <hr/> Contributor address; City; State; Zip Code San Ysidro, CA 92173-2444	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Diane <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-5313	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Texas Works Advisor		Employer (See Instructions) Texas HHSC
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toebbe, Marjorie <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45238-5532	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 312/346 Rpt: 315/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomko, Greg <hr/> 6 Contributor address; City; State; Zip Code Lexington, KY 40513-1473	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, Dan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60645-2408	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Computer Consultant		Employer (See Instructions) Self Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, Dan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60645-2408	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Computer Consultant		Employer (See Instructions) Self Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Emilia <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-3825	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Sylvia <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-9312	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 313/346 Rpt: 316/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres-Gordon, Deborah <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3146	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toyen, Gerald <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122-3725	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Anna <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripp, Richard <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-2224	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Allen <hr/> Contributor address; City; State; Zip Code Jemez Springs, NM 87025-0315	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/346 Rpt: 317/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Allen <hr/> 6 Contributor address; City; State; Zip Code Jemez Springs, NM 87025-0315	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jesse <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-3602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Ryn <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-3030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Purchasing Manager		Employer (See Instructions) Centurya
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twinam, Andy <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-4655	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungacta, Janet <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617-5212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 315/346 Rpt: 318/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungacta, Janet <hr/> 6 Contributor address; City; State; Zip Code Del Valle, TX 78617-5212	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungacta, Janet <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617-5212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Gregory <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-6632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Environmental Scientist		Employer (See Instructions) US EPA
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Gregory <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-6632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Environmental Scientist		Employer (See Instructions) US EPA
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valverde, Edward <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118-7703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Arbitrator		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 316/346 Rpt: 319/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderkloot, James <hr/> 6 Contributor address; City; State; Zip Code Evanston, IL 60201-2272	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Geologist		9 Employer (See Instructions) US EPA
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderkloot, James <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-2272	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) US EPA
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderkloot, James <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-2272	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) US EPA
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varela, Connie <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117-1547	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varner, Will <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3971	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 317/346 Rpt: 320/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, Jan <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155-9625	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Daniel <hr/> Contributor address; City; State; Zip Code Downey, CA 90241-4905	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Daniel <hr/> Contributor address; City; State; Zip Code Downey, CA 90241-4905	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Maria <hr/> Contributor address; City; State; Zip Code Pantego, TX 76013-3019	Amount of Contribution (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernooy, Charles <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-5101	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 318/346 Rpt: 321/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertopoulos, Stefanos <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98683-7203	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vigil, Ronald <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-6346	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Pedro <hr/> Contributor address; City; State; Zip Code Ingram, TX 78025	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viola, John <hr/> Contributor address; City; State; Zip Code Monroe Township, NJ 08831-1545	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitatoe, Wayne <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-3942	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 319/346 Rpt: 322/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitatoe, Wayne <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605-3942	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voege, Volker <hr/> Contributor address; City; State; Zip Code Bear, DE 19701-3500	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Chuck <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049-3219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogt, Gay <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103-8131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollendorf, Nick <hr/> Contributor address; City; State; Zip Code McFarland, WI 53558-9578	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 320/346 Rpt: 323/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollrath, Dietrich <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-3712	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Houston
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Von Brauchitsch, D. <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-8318	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Permanente Medical Group
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vono, Linda <hr/> Contributor address; City; State; Zip Code Meriden, CT 06450-6823	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vono, Linda <hr/> Contributor address; City; State; Zip Code Meriden, CT 06450-6823	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vono, Linda <hr/> Contributor address; City; State; Zip Code Meriden, CT 06450-6823	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 321/346 Rpt: 324/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voris, Brian <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043-4427	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vreeland, Jack <hr/> Contributor address; City; State; Zip Code Portland, ME 04103-4429	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Montgomery Design
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Margaret <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-8550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Margaret <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-8550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Margaret <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-8550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 322/346 Rpt: 325/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walko, Dawn <hr/> 6 Contributor address; City; State; Zip Code Cedar Rapids, IA 52404-8220	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Geraldine <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22304-3585	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business System Analyst		Employer (See Instructions) US Postal Service
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallis, Hilary <hr/> Contributor address; City; State; Zip Code West Newfield, ME 04095-0117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Bedelle <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-4033	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Christopher <hr/> Contributor address; City; State; Zip Code Supply, NC 28462-2762	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 323/346 Rpt: 326/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Kale <hr/> 6 Contributor address; City; State; Zip Code Virginia Beach, VA 23455-6859	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Louise <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-2915	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Louise <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-2915	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Louise <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-2915	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Louise <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-2915	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 324/346 Rpt: 327/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Chris <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10019-1140	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Wachtell Lipton Rosen & Katz
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waterman, Gerald <hr/> Contributor address; City; State; Zip Code Reynoldsburg, OH 43068-1772	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-6530	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-6530	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Warren <hr/> Contributor address; City; State; Zip Code Healdsburg, CA 95448-4208	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 325/346 Rpt: 328/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne, Hollis <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612-3433	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Cynthia <hr/> Contributor address; City; State; Zip Code Reading, MI 49274-9211	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Jefferson Veterinary Clinic
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Cynthia <hr/> Contributor address; City; State; Zip Code Reading, MI 49274-9211	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Jefferson Veterinary Clinic
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wechter, Ira <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-5972	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Financial Planner		Employer (See Instructions) Wechter Financial Advisors, LLC
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weil, GERALYN <hr/> Contributor address; City; State; Zip Code Paradise Valley, AZ 85253-3353	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 326/346 Rpt: 329/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Michael <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070-7030	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinert, Douglas <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901-4978	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinert, Douglas <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901-4978	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinert, Douglas <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901-4978	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellman, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93102-1139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Raytheon

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 327/346 Rpt: 330/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellman, William <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93102-1139	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Raytheon
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernikoff, Denise <hr/> Contributor address; City; State; Zip Code Newton, MA 02465-2807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetzel, David <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90028-7668	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Anthem, Inc.
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whaley, Mae <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76902-2571	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Audrey <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-4843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 328/346 Rpt: 331/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Audrey <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-4843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whited, Merylyn <hr/> Contributor address; City; State; Zip Code Coarsegold, CA 93614-8611	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehouse, Larry <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76116-1320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteside, Clifford <hr/> Contributor address; City; State; Zip Code Lansing, MI 48911-5065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, David <hr/> Contributor address; City; State; Zip Code Yorba Linda, CA 92887-5809	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 329/346 Rpt: 332/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiersma, Joan 6 Contributor address; City; State; Zip Code Bokeelia, FL 33922-2707	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiersma, Joan Contributor address; City; State; Zip Code Bokeelia, FL 33922-2707	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-3393	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-4240	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-4240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 330/346 Rpt: 333/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold 6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-4240	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-4240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Reynold Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-4240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura Contributor address; City; State; Zip Code Garland, TX 75043-3431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura Contributor address; City; State; Zip Code Garland, TX 75043-3431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 331/346 Rpt: 334/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-3431	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelmy, Roland <hr/> Contributor address; City; State; Zip Code Rancho Santa Fe, CA 92067-2448	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Leon <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Leon <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6051	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232-2308	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Warehouse Worker		Employer (See Instructions) Amazon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 332/346 Rpt: 335/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Deborah <hr/> 6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1781	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Deborah <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1781	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Deborah <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1781	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79414-1313	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Counseling Specialist		Employer (See Instructions) Lubbock ISD
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79414-1313	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Counseling Specialist		Employer (See Instructions) Lubbock ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 333/346 Rpt: 336/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79414-1313	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Counseling Specialist		9 Employer (See Instructions) Lubbock ISD
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Linda <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-1132	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Marisol <hr/> Contributor address; City; State; Zip Code Houston, TX 77092-2352	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cabinet Designer		Employer (See Instructions) WBS
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Robert <hr/> Contributor address; City; State; Zip Code Garland, TX 75046-2322	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 334/346 Rpt: 337/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque 6 Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 335/346 Rpt: 338/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque 6 Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 336/346 Rpt: 339/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rocque <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28278-8219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7636	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 337/346 Rpt: 340/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7636	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tonyia <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-5372	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR Director		Employer (See Instructions) Equinix
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Guy <hr/> Contributor address; City; State; Zip Code Denton, TX 76208-5946	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Guy Willis Inspection Co.
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Bill <hr/> Contributor address; City; State; Zip Code La Plata, MD 20646-2854	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Bill <hr/> Contributor address; City; State; Zip Code La Plata, MD 20646-2854	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 338/346 Rpt: 341/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Bill <hr/> 6 Contributor address; City; State; Zip Code La Plata, MD 20646-2854	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Delores <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-5090	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Herschell <hr/> Contributor address; City; State; Zip Code Houston, TX 77083-1666	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) MHHS
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Nancy <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-2720	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Nancy <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-2720	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 339/346 Rpt: 342/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77393-2166	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 340/346 Rpt: 343/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberley, Kim <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-3993	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Del Valle ISD
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberley, Kim <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-3993	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Del Valle ISD
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Leabah <hr/> Contributor address; City; State; Zip Code Alameda, CA 94501-1682	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittwer, Jonathan <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95060-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, General <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232-2018	Amount of Contribution (\$) \$12.78
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 341/346 Rpt: 344/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Elaine <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016-4409	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Elaine <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-4409	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Elaine <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-4409	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Martha <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75050-2334	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wright & Associates
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Martha <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75050-2334	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wright & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 342/346 Rpt: 345/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Martha <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75050-2334	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Wright & Associates
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Richard <hr/> Contributor address; City; State; Zip Code Richmond, CA 94806-5243	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Richard <hr/> Contributor address; City; State; Zip Code Richmond, CA 94806-5243	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright Jr., Benjamin <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1991	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright Jr., Benjamin <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1991	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 343/346 Rpt: 346/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Patricia 6 Contributor address; City; State; Zip Code Philadelphia, PA 19107-5907	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Carolyn Contributor address; City; State; Zip Code Austin, TX 78751-4405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Carolyn Contributor address; City; State; Zip Code Austin, TX 78751-4405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Carolyn Contributor address; City; State; Zip Code Austin, TX 78751-4405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Carolyn Contributor address; City; State; Zip Code Austin, TX 78751-4405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 344/346 Rpt: 347/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyman, Elaine <hr/> 6 Contributor address; City; State; Zip Code Marlin, TX 76661-2203	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Lorraine <hr/> Contributor address; City; State; Zip Code Austin, TX 78752-2008	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeatts, Tabatha <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-3930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Self Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuhas, Pauline <hr/> Contributor address; City; State; Zip Code Waterville, WA 98858-5845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zedaran, Elizabeth <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-7140	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 345/346 Rpt: 348/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zerah, Michele <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87111	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Presbyterian Hospital
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Pamela <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-2230	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Stephen <hr/> Contributor address; City; State; Zip Code Van Nuys, CA 91406-1739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Stephen <hr/> Contributor address; City; State; Zip Code Van Nuys, CA 91406-1739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zirbes, Madeleine <hr/> Contributor address; City; State; Zip Code Golden, CO 80402-6000	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 346/346 Rpt: 349/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zito, Nancy 6 Contributor address; City; State; Zip Code Lithia, FL 33547-3928	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zweber, Barbara Contributor address; City; State; Zip Code Saint Paul, MN 55104-6201	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Medical Device Consultant		Employer (See Instructions) Self Employed

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 350/462
2 FILER NAME Texas Majority PAC		3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/05/2024	5 Corporation / Labor Organization name Texas Majority	7 Amount of contribution (\$) \$16,037.31
	6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78248	
Date 08/23/2024	Corporation / Labor Organization name Texas Majority	Amount of contribution (\$) \$13,135.20
	Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78248	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Payee name 7-Eleven	
6 Amount (\$) \$16.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6737 W Tidwell Rd Houston, TX 77092-1415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$77.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/10/2024	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$69.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/17/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$38.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$127.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$122.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/07/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$120.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name ActBlue Texas	
Amount (\$) \$40.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name ActBlue Texas	
Amount (\$) \$104.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$137.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$82.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$122.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/18/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$132.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name ActBlue Texas	
Amount (\$) \$124.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Aloft McAllen	
Amount (\$) \$179.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 501 S Ware Rd McAllen, TX 78501-8492	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Aloft McAllen	
6 Amount (\$) \$190.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 501 S Ware Rd McAllen, TX 78501-8492	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Amalgamated Bank	
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Amalgamated Bank	
Amount (\$) \$21.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) \$130.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$14.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$297.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) \$32.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1825 K St NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Apple	
Amount (\$) \$2,363.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Aristotle International, Inc.	
Amount (\$) \$479.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 205 Pennsylvania Ave SE Washington, DC 20003-1164	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Payee name Audubon Recreation Center	
6 Amount (\$) \$240.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 342 W Oates Rd Garland, TX 75043-5550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Fee for Staff Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Best Buy	
Amount (\$) \$238.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7601 Penn Ave S Richfield, MN 55423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Best Buy	
Amount (\$) \$238.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7601 Penn Ave S Richfield, MN 55423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Payee name Best Buy	
6 Amount (\$) \$238.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7601 Penn Ave S Richfield, MN 55423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name Best Buy		
Amount (\$) \$238.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7601 Penn Ave S Richfield, MN 55423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Bexar County Democratic Party		
Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 844 Fredericksburg Rd San Antonio, TX 78201-6349	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Payee name Bexar County Democrats PAC	
6 Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 12534 San Antonio, TX 78212-0534	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Bexar County Democrats PAC	
Amount (\$) \$300,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 12534 San Antonio, TX 78212-0534	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Bond Collective	
Amount (\$) \$798.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 310 Comal St Austin, TX 78702-4597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/19/2024	5 Payee name Bond Collective	
6 Amount (\$) \$798.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 310 Comal St Austin, TX 78702-4597	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Bond Collective	
Amount (\$) \$877.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 310 Comal St Austin, TX 78702-4597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Cafe Ion	
Amount (\$) \$53.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Main St Ste 110 Houston, TX 77002-4411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/18/2024	5 Payee name Caffeine Aroma	
6 Amount (\$) \$38.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1101 W Sam Houston Ave #1 Pharr, TX 78577-5897	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Cameron County Democrats PAC	
Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Cameron County Democrats PAC	
Amount (\$) \$120,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Canopy by Hilton San Antonio Riverwalk	
6 Amount (\$) \$304.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 123 N Saint Marys St San Antonio, TX 78205-2237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Canva		
Amount (\$) \$36.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 E 6th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Canva		
Amount (\$) \$36.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 E 6th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/04/2024	5 Payee name Canva	
6 Amount (\$) \$36.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 E 6th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Capital Grille	
Amount (\$) \$418.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Crescent Ct Dallas, TX 75201-1894	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2024	Payee name Central Texas Democrats PAC	
Amount (\$) \$250,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Payee name Central Texas Democrats PAC	
6 Amount (\$) \$150,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Chipotle Mexican Grill	
Amount (\$) \$195.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6600 Fannin St Houston, TX 77030-2304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Clubs In Action PAC	
Amount (\$) \$30,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11910 Carillon Forest Dr Atascocita, TX 77346-5262	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Payee name Correa, Mayra	
6 Amount (\$) \$2,249.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8256 Easton St Houston, TX 77017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Correa, Mayra	
Amount (\$) \$2,249.56 <input type="checkbox"/> Expenditure from corporate funds	Office sought 8256 Easton St Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Correa, Mayra	
Amount (\$) \$2,249.56 <input type="checkbox"/> Expenditure from corporate funds	Office sought 8256 Easton St Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Correa, Mayra	
6 Amount (\$) \$2,249.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8256 Easton St Houston, TX 77017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Correa, Mayra	
Amount (\$) \$2,249.56 <input type="checkbox"/> Expenditure from corporate funds	Office sought 8256 Easton St Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Date 07/15/2024	Candidate/Officeholder name Cuellar, Claudia	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Cuellar, Claudia	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Cuellar, Claudia	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Date 08/29/2024	Candidate/Officeholder name Cuellar, Claudia	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Payee name Cuellar, Claudia	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Dak & Bop	
Amount (\$) \$76.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1801 Binz St Suite 120 Houston, TX 77004-8107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Dallas County Democrats PAC	
Amount (\$) \$100,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108-230 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/20/2024	5 Payee name Dallas County Democrats PAC	
6 Amount (\$) \$600,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108-230 San Antonio, TX 78248-4504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dallas County Democrats PAC		
Amount (\$) \$250,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108-230 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dallas Morning News		
Amount (\$) \$32.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/05/2024	5 Payee name Dallas Morning News	
6 Amount (\$) \$32.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dallas Morning News		
Amount (\$) \$32.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Death and Taxes 915		
Amount (\$) \$123.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 123 W Mills Ave El Paso, TX 79901-1339	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Payee name Deckard, Danielle	
6 Amount (\$) \$3,153.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 23710 Thortons Park Ln Spring, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Deckard, Danielle	
Amount (\$) \$3,153.96 <input type="checkbox"/> Expenditure from corporate funds	Office sought 23710 Thortons Park Ln Spring, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Deckard, Danielle	
Amount (\$) \$3,153.96 <input type="checkbox"/> Expenditure from corporate funds	Office sought 23710 Thortons Park Ln Spring, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Deckard, Danielle	
6 Amount (\$) \$3,153.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 23710 Thortons Park Ln Spring, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Deckard, Danielle	
Amount (\$) \$3,153.96 <input type="checkbox"/> Expenditure from corporate funds	Office sought 23710 Thortons Park Ln Spring, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name Digital Strategy Group	
Amount (\$) \$5,043.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1633 W Estes Ave Apt 4E Chicago, IL 60626-4735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/12/2024	5 Payee name Digital Strategy Group	
6 Amount (\$) \$6,636.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1633 W Estes Ave Apt 4E Chicago, IL 60626-4735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Digital Strategy Group	
Amount (\$) \$6,986.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1633 W Estes Ave Apt 4E Chicago, IL 60626-4735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name DoubleTree Austin	
Amount (\$) \$216.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701-1622	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Payee name DoubleTree Austin	
6 Amount (\$) \$55.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701-1622	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Doubletree San Antonio Downtown		
Amount (\$) \$254.69 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 502 W Cesar E Chavez Blvd San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Doubletree by Hilton El Paso		
Amount (\$) \$2,903.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 601 N El Paso St El Paso, TX 79901-1117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Doubletree by Hilton El Paso	
6 Amount (\$) \$751.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 601 N El Paso St El Paso, TX 79901-1117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Doubletree by Hilton San Antonio Downtown		
Amount (\$) \$132.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 502 W Cesar Chavez San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name Eco Park		
Amount (\$) \$22.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7800 Airport Blvd Houston, TX 77061-4145	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name El Paso Airport F&B	
6 Amount (\$) \$102.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6701 Convair Rd El Paso, TX 79925-1099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2024	Payee name El Paso Democratic Unity PAC	
Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name El Paso Democratic Unity PAC	
Amount (\$) \$125,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 N Loop 1604 W Ste 108 San Antonio, TX 78248-4504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/10/2024	5 Payee name Elias Law Group	
6 Amount (\$) \$17,510.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Legal Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Elias Law Group	
Amount (\$) \$27,291.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Elias Law Group	
Amount (\$) \$6,707.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/19/2024	5 Payee name Elias Law Group	
6 Amount (\$) \$4,121.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Elias Law Group	
Amount (\$) \$10,635.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Elias Law Group	
Amount (\$) \$1,922.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Avenue NW Ste 400 Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind Contribution of Legal Services to Hidalgo County Democratic Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/11/2024	5 Payee name Embassy Suites McAllen	
6 Amount (\$) \$152.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 800 Convention Center Blvd McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/11/2024	Candidate/Officeholder name Office sought Office held	
Date 07/11/2024	Payee name Enterprise	
Amount (\$) \$109.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2500 S Bicentennial Blvd McAllen, TX 78503-3184	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name Office sought Office held	
Date 07/15/2024	Payee name Etheredge, Alexa	
Amount (\$) \$3,477.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 302 W 35th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Etheredge, Alexa	
6 Amount (\$) \$3,477.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 302 W 35th St Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Etheredge, Alexa	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 302 W 35th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Per Diem
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name Etheredge, Alexa	
Amount (\$) \$3,477.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 302 W 35th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Etheredge, Alexa	
6 Amount (\$) \$3,477.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 302 W 35th St Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Etheredge, Alexa	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 302 W 35th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Per Diem
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Etheredge, Alexa	
Amount (\$) \$3,477.54 <input type="checkbox"/> Expenditure from corporate funds	Office sought 302 W 35th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/16/2024	5 Payee name Fair Shot Texas PAC	
6 Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1106 Lavaca St Ste 200 Austin, TX 78701-2171	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Favor Delivery	
Amount (\$) \$122.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2416 E 6th St Austin, TX 78702-3933	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Finn, Nohemi	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Finn, Nohemi	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Finn, Nohemi	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Date 08/29/2024	Candidate/Officeholder name Finn, Nohemi	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Payee name Finn, Nohemi	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name First Tuesday	
Amount (\$) \$300,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 511 Lovett Blvd Houston, TX 77006-4020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Fischer, Katherine	
Amount (\$) \$5,875.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Fischer, Katherine	
6 Amount (\$) \$5,875.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Fischer, Katherine	
Amount (\$) \$2,700.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Per Diem
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name Fischer, Katherine	
Amount (\$) \$5,875.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Fischer, Katherine	
6 Amount (\$) \$5,875.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Fischer, Katherine	
Amount (\$) \$5,875.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1911 Holcombe Blvd #907 Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Forward Majority Action	
Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 921 H St NE Unit 247 Washington, DC 20002-3741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/07/2024	5 Payee name Gaites, James	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4334 7th St N Arlington, VA 22203-2042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Gaites, James	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4334 7th St N Arlington, VA 22203-2042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Gaites, James	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4334 7th St N Arlington, VA 22203-2042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/07/2024	5 Payee name Gaite, James	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4334 7th St N Arlington, VA 22203-2042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Goldman-Fitzgerald LLC	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1510 Pearson St Houston, TX 77023-3627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Goldman-Fitzgerald LLC	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1510 Pearson St Houston, TX 77023-3627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/24/2024	5 Payee name Goldman-Fitzgerald LLC	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1510 Pearson St Houston, TX 77023-3627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name Gomez, Placido	
Amount (\$) \$3,518.51 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4018 Gibson St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Gomez, Placido	
Amount (\$) \$3,518.51 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4018 Gibson St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Payee name Gomez, Placido	
6 Amount (\$) \$3,518.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4018 Gibson St Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Gomez, Placido	
Amount (\$) \$3,518.51 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4018 Gibson St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Gomez, Placido	
Amount (\$) \$3,518.51 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4018 Gibson St Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Payee name Google	
6 Amount (\$) \$323.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1603 Ampitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Google	
Amount (\$) \$337.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1603 Ampitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Google	
Amount (\$) \$337.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1603 Ampitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Payee name Gross, Steven	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3800 N El Mirage Dr Apt 5327 Avondale, AZ 85392-4075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Hays County Democratic Party	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 215 W San Antonio St San Marcos, TX 78666-5549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Hertz Car Rental	
Amount (\$) \$118.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8501 Williams Road Estero, FL 33928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/24/2024	5 Payee name Hidalgo County Democratic Party	
6 Amount (\$) \$50,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 814 Del Oro Ln Pharr, TX 78577-2200	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Hidalgo County Democratic Party	
Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 814 Del Oro Ln Pharr, TX 78577-2200	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Hidalgo County Democratic Party	
Amount (\$) \$87,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 814 Del Oro Ln Pharr, TX 78577-2200	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Payee name Hidalgo County Democratic Party	
6 Amount (\$) \$87,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 814 Del Oro Ln Pharr, TX 78577-2200	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hilton Homewood Suites		
Amount (\$) \$330.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15305 Dallas North Tollway Addison, TX 75001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express El Paso		
Amount (\$) \$830.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Holiday Inn Express El Paso	
6 Amount (\$) \$830.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Holiday Inn Express El Paso	
Amount (\$) \$553.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Holiday Inn Express El Paso	
Amount (\$) \$830.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Holiday Inn Express El Paso	
6 Amount (\$) \$901.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Holiday Inn Express El Paso	
Amount (\$) \$830.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Holiday Inn Express El Paso	
Amount (\$) \$830.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 409 E Missouri Ave El Paso, TX 79901-1233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Holiday Inn Express Houston Downtown	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1810 Bell St Houston, TX 77003-4206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express Houston Downtown		
Amount (\$) \$136.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1810 Bell St Houston, TX 77003-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express Houston Downtown		
Amount (\$) \$6,138.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1810 Bell St Houston, TX 77003-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Holiday Inn Express Houston Downtown		
Amount (\$) \$6,138.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1810 Bell St Houston, TX 77003-4206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Homewood Suites	
6 Amount (\$) \$171.27 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4300 Wingren Dr Irving, TX 75039-5566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Hotel Paso Del Norte	
Amount (\$) \$306.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Hotel Paso Del Norte	
Amount (\$) \$31.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Hotel Paso Del Norte	
6 Amount (\$) \$177.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hotel Paso Del Norte		
Amount (\$) \$158.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hotel Paso Del Norte		
Amount (\$) \$39.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Hotel Paso Del Norte		
Amount (\$) \$39.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Hotel Paso Del Norte	
6 Amount (\$) \$2,077.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Houston Airport Reservation	
Amount (\$) \$87.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 N Terminal Rd Houston, TX 77032-5569	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Houston Chronicle	
Amount (\$) \$27.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/08/2024	5 Payee name Houston Chronicle	
6 Amount (\$) \$27.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Houston Chronicle	
Amount (\$) \$27.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name IAH Parking	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name IAH Parking	
6 Amount (\$) \$44.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name IAH Parking		
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name IAH Parking		
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name IAH Parking		
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Payee name Inmotion 769	
6 Amount (\$) \$194.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2400 Aviation Dr Dallas, TX 75261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name La Fonda On Main	
Amount (\$) \$188.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2415 N Main Ave San Antonio, TX 78212-3450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Lea Janes Hot Chicken	
Amount (\$) \$16.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Franklin St Houston, TX 77002-1569	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Lemezze	
6 Amount (\$) \$67.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 210 N Stanton St El Paso, TX 79901-1322	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Longhorn Organizing Strategies	
Amount (\$) \$500,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3120 Southwest Fwy Ste 101 PMB 693824 Houston, TX 77098-4520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvass Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Longhorn Organizing Strategies	
Amount (\$) \$235,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3120 Southwest Fwy Ste 101 PMB 693824 Houston, TX 77098-4520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvass Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Payee name Lyft	
6 Amount (\$) \$26.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 187 Berry St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Lyft	
Amount (\$) \$14.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 187 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name MBA Consulting Group	
Amount (\$) \$2,510.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15845 Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/23/2024	5 Payee name MBA Consulting Group	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15845 Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Compliance Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name MBA Consulting Group	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15845 Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Mata, Nicole	
Amount (\$) \$1,576.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Mata, Nicole	
6 Amount (\$) \$1,576.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Mata, Nicole	
Amount (\$) \$1,576.98 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Mata, Nicole	
Amount (\$) \$1,576.98 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Payee name Mata, Nicole	
6 Amount (\$) \$1,576.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Mcnaught, Kylie	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1742 1/2 W Main St Houston, TX 77098-3608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Mcnaught, Kylie	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1742 1/2 W Main St Houston, TX 77098-3608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Payee name Mcnaught, Kylie	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1742 1/2 W Main St Houston, TX 77098-3608	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Morris, Andrea	
Amount (\$) \$4,508.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 987 12th Ave S St. Petersburg, FL 33705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Morris, Andrea	
Amount (\$) \$4,508.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 987 12th Ave S St. Petersburg, FL 33705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Payee name Morris, Andrea	
6 Amount (\$) \$4,508.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 987 12th Ave S St. Petersburg, FL 33705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Payee name Morris, Andrea	
Amount (\$) \$4,508.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 987 12th Ave S St. Petersburg, FL 33705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Payee name Morris, Andrea	
Amount (\$) \$4,508.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 987 12th Ave S St. Petersburg, FL 33705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/23/2024	5 Payee name NGP VAN	
6 Amount (\$) \$9,713.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name North Italia Dallas	
Amount (\$) \$117.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13270 Dallas Pkwy Dallas, TX 75240-1574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Np Consulting Inc.	
Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1100 G St NW Suite 750 Washington, DC 20005-7411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Payee name Np Consulting Inc.	
6 Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1100 G St NW Suite 750 Washington, DC 20005-7411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Olusegun-Akinlade, Babatunde	
Amount (\$) \$2,332.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Olusegun-Akinlade, Babatunde	
Amount (\$) \$2,332.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Payee name Olusegun-Akinlade, Babatunde	
6 Amount (\$) \$2,332.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Olusegun-Akinlade, Babatunde	
Amount (\$) \$2,332.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Olusegun-Akinlade, Babatunde	
Amount (\$) \$2,332.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/27/2024	5 Payee name Pappasito's Cantina	
6 Amount (\$) \$42.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010-5012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$12,415.14 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payroll Data Processing	
Office held		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Taxes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$133.97 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payroll Data Processing	
Office held		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/31/2024	5 Payee name Payroll Data Processing	
6 Amount (\$) \$92.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$12,415.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Taxes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$12,355.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Payee name Payroll Data Processing	
6 Amount (\$) \$118.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$92.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Payroll Data Processing	
Amount (\$) \$12,085.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Taxes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 69/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/12/2024	5 Payee name Payroll Data Processing	
6 Amount (\$) \$11,813.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Taxes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name	Office sought
Payee name Payroll Data Processing	Office held	
Amount (\$) \$118.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4224 Henderson Blvd Tampa, FL 33629	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Payee name Phoenicia Specialty Foods	Office held	
Amount (\$) \$94.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1001 Austin St Houston, TX 77010-3005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 70/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/08/2024	5 Payee name Politics United Marketing	
6 Amount (\$) \$12,761.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1910 Pacific Ave Ste 5095 Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Politics United Marketing	
Amount (\$) \$11,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1910 Pacific Ave Ste 5095 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Politics United Marketing	
Amount (\$) \$11,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1910 Pacific Ave Ste 5095 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 71/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Postmates	
6 Amount (\$) \$57.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 201 3rd St San Francisco, CA 94103-3143	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$135.37 <input type="checkbox"/> Expenditure from corporate funds	Payee name Postmates Payee address; City; State; Zip Code 201 3rd St San Francisco, CA 94103-3143	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$80.48 <input type="checkbox"/> Expenditure from corporate funds	Payee name Postmates Payee address; City; State; Zip Code 201 3rd St San Francisco, CA 94103-3143	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 72/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Payee name Rodriguez, Sahara	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2024	Candidate/Officeholder name Rodriguez, Sahara	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Rodriguez, Sahara	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 73/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/29/2024	5 Payee name Rodriguez, Sahara	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 66100 Houston, TX 77266-6100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Rodriguez, Sahara	
Amount (\$) \$884.33 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 66100 Houston, TX 77266-6100	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/12/2024	Candidate/Officeholder name Rosario's ComidaMex & Bar	
Amount (\$) \$80.92 <input type="checkbox"/> Expenditure from corporate funds	Office sought 722 S St Mary's St San Antonio, TX 78205-3435	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 74/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/11/2024	5 Payee name Scale to Win	
6 Amount (\$) \$8,496.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Scale to Win		
Amount (\$) \$6,372.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Scale to Win		
Amount (\$) \$16,707.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 75/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/28/2024	5 Payee name Scott, Thomas	
6 Amount (\$) \$31.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3120 Lochwood Cir Anchorage, AK 99504-3732	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Simply Pho	
Amount (\$) \$28.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2929 Milam St Ste C Houston, TX 77006-3649	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Slack	
Amount (\$) \$174.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105-3000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 76/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Slack	
6 Amount (\$) \$149.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105-3000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Slack		
Amount (\$) \$135.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105-3000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Social Practice LLC		
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3041 Mission St. #309 San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 77/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Payee name Southwest	
6 Amount (\$) \$290.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Southwest		
Amount (\$) \$364.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name Southwest		
Amount (\$) \$217.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 78/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Southwest	
6 Amount (\$) \$212.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Southwest		
Amount (\$) \$837.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Southwest		
Amount (\$) \$212.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Southwest		
Amount (\$) \$212.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 79/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Southwest	
6 Amount (\$) \$585.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Sporn, Nancy	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 Chinchester Dr Roanoke, TX 76262-1375	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Squarespace	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 80/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/09/2024	5 Payee name Squarespace	
6 Amount (\$) \$204.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Sweetgreen	
Amount (\$) \$255.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1303 Westheimer Rd Houston, TX 77006-2643	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Tacos A Go Go	
Amount (\$) \$221.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3704 Main St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 81/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Tacos A Go Go	
6 Amount (\$) \$221.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3704 Main St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Tacos A Go Go		
Amount (\$) \$230.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3704 Main St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name The Bonner Group		
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Maine Ave SW Ste 450 Washington, DC 20024-2805	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 82/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/21/2024	5 Payee name The Common Desk	
6 Amount (\$) \$4,861.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2339 Commerce St Houston, TX 77002-2319	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name The Common Desk		
Amount (\$) \$12.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2339 Commerce St Houston, TX 77002-2319	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account: Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name The Pit Room		
Amount (\$) \$31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 Richmond Ave. Houston, TX 77006-5423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 83/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/15/2024	5 Payee name The River's Edge Cafe & Patio Bar	
6 Amount (\$) \$28.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 S Alamo St San Antonio, TX 78205-3213	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name The Statler Dallas	
Amount (\$) \$312.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1917 Commerce St Dallas, TX 75201-5215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name The Statler Dallas	
Amount (\$) \$1,094.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1917 Commerce St Dallas, TX 75201-5215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 84/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name The Statler Dallas	
6 Amount (\$) \$621.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1917 Commerce St Dallas, TX 75201-5215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name The Statler Dallas	
Amount (\$) \$253.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1917 Commerce St Dallas, TX 75201-5215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2024	Candidate/Officeholder name The Texas Tribune	
Amount (\$) \$41.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 919 Congress Ave 6th Fl Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 85/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/02/2024	5 Payee name The Texas Tribune	
6 Amount (\$) \$41.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 919 Congress Ave 6th Fl Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name The Texas Tribune		
Amount (\$) \$41.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 919 Congress Ave 6th Fl Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Thomas, Kelly		
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7133 N Mesa St Apt 62 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 86/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Thomas, Kelly	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7133 N Mesa St Apt 62 El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Thomas, Kelly	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 7133 N Mesa St Apt 62 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Tony's Bar and Grill	
Amount (\$) \$216.32 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1901 Club De Amistad Weslaco, TX 78596-8576	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 87/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Payee name Top PAC	
6 Amount (\$) \$200,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber Eats		
Amount (\$) \$135.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158-2211	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 88/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$66.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$16.95 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$53.89 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 89/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$22.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$28.69 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$71.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$71.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 90/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$16.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$74.55 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$28.30 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 91/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$95.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$32.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$50.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$50.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 92/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$9.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$14.78 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$89.34 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 93/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$59.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Office held		
Date 08/01/2024	Payee name Uber	
Amount (\$) \$62.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Office held		
Date 08/01/2024	Payee name Uber	
Amount (\$) \$38.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Office held		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 94/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$58.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$35.67 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$32.94 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 95/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$14.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$16.91 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$28.02 <input type="checkbox"/> Expenditure from corporate funds	Payee name Uber Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 96/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$40.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$41.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$20.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Uber		
Amount (\$) \$20.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 97/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Uber	
6 Amount (\$) \$21.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Uber	
Amount (\$) \$14.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Uber	
Amount (\$) \$19.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1523 3rd St San Francisco, CA 94518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 98/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United Airlines	
6 Amount (\$) \$401.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 609 Main St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name United Healthcare	
Amount (\$) \$4,713.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1459 Minneapolis, MN 55440	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Insurance Premium
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name United Healthcare	
Amount (\$) \$7,826.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1459 Minneapolis, MN 55440	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Insurance Premium
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 99/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/11/2024	5 Payee name United Healthcare	
6 Amount (\$) \$6,025.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1459 Minneapolis, MN 55440	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Insurance Premium
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$17.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$285.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 100/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United	
6 Amount (\$) \$59.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name United	
Amount (\$) \$588.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name United	
Amount (\$) \$685.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name United	
Amount (\$) \$685.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 101/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United	
6 Amount (\$) \$422.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$134.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$544.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$544.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 102/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United	
6 Amount (\$) \$57.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$424.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$297.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 103/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United	
6 Amount (\$) \$323.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$180.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$786.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name United		
Amount (\$) \$786.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 104/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name United	
6 Amount (\$) \$527.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$544.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United	
Amount (\$) \$520.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 105/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Vonlane	
6 Amount (\$) \$520.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Vonlane	
Amount (\$) \$520.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Vonlane	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 106/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Vonlane	
6 Amount (\$) \$270.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$260.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Vonlane	
PAYEE ADDRESS	City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$260.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Vonlane	
PAYEE ADDRESS	City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$260.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Vonlane	
PAYEE ADDRESS	City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 107/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Vonlane	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name Vonlane	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name Vonlane	
Amount (\$) \$280.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Date 08/01/2024	Payee name Vonlane	
Amount (\$) \$280.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 108/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/01/2024	5 Payee name Vonlane	
6 Amount (\$) \$140.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$270.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Vonlane Payee address; City; State; Zip Code 3802 Maple Avenue Suite 267 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Payee name Whip In	
Amount (\$) \$58.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1950 S I-35 Frontage Rd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 109/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 09/26/2024	5 Payee name Williamson County Democratic Party	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1915 S Austin Ave Georgetown, TX 78626-7843	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name Wilson, Marian	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 93 Meadow Dr Sequim, WA 98382-8824	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Wooster's Garden	
Amount (\$) \$25.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3315 Milam St Houston, TX 77006-3617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 110/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/27/2024	5 Payee name Yo Hotdogs	
6 Amount (\$) \$2.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Franklin St Houston, TX 77002-1569	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Zamorano, Javier	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20783 Carlos St San Benito, TX 78586-6753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Zamorano, Javier	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20783 Carlos St San Benito, TX 78586-6753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 111/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 08/14/2024	5 Payee name Zamorano, Javier	
6 Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 20783 Carlos St San Benito, TX 78586-6753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2024	Candidate/Officeholder name Payee name Zamorano, Javier	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 20783 Carlos St San Benito, TX 78586-6753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Payee name Zamorano, Javier	
Amount (\$) \$1,689.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 20783 Carlos St San Benito, TX 78586-6753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 112/112 Rpt:	2 FILER NAME Texas Majority PAC	3 Filer ID (Ethics Commission Filers) 00087189
4 Date 07/01/2024	5 Payee name Zermeno, Crystal	
6 Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2894 Delaware St Oakland, CA 94602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2024	Candidate/Officeholder name Zermeno, Crystal	Office sought Office held
Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2894 Delaware St Oakland, CA 94602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		