FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058340 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Toll-free Highways Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 317 Sidney Baker S, Suite 400-308 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78028 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sudie NAME NICKNAME LAST **SUFFIX** Sartor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3530 Eva Jane STREET **ADDRESS** (Residence or Business) San Antonio, TX 78261 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 488-5412 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	phways		00058340	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JULIE CLARK US CONGRES	SS CD 23	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	540.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	533.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,695.14
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all info under Title 15, Election Code.		
		Sudie	e Sartor	
		Signature of Ca	ampaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texans for Toll-free Higl	hways			00058340
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported DAVID SCHENCK Court Of Crim				I minal Appeals, Judge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE		A. Supported	GINA PARKER Court Of Appea	ls Tustice
ACTIVITY	(Identify by name or, if		ONAT ARREN COURT OF Appea	is, susuce
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	LEE FINLEY Court Of Appeals,	Justice
(Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this pa	Texans for Toll-free Highways COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	Texans for Toll-free Highways COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported Describe by date and location of election and nature of issue.) 5. Measures (Describe by date and location of election and nature of issue.) 6. Opposed Describe this report if necessary.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed Describe this report if necessary.) 8. Opposed Describe this report if necessary. 9. Measures (Describe by date and location of election and nature of issue.) 9. Measures (Describe by date and location of election and nature of issue.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted	Texans for Toll-free Highways COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party). COMMITTEE 1. Candidates (Identify by name or, if applicable, classify by party). COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.) Activity 2. Measures (Identify by name or, if applicable, classify by party). COMMITTEE 1. Candidates (Identify by name or, if applicable, classify by party). Activity 2. Measures (Identify by name or, if applicable, classify by party). COMMITTEE 3. Officeholders Activity 4. Supported Committee Committee (Identify by name or, if applicable, classify by party). COMMITTEE Committee Committee Committee (Identify by name or, if applicable, classify by party). Activity Attach lists on plain paper to complete this report if necessary.) Activity Attach lists on plain paper to complete this report if necessary.) Attach lists on plain paper to complete this report if necessary.) Activity Attach lists on plain paper to complete this report if necessary.) Activity Attach lists on plain paper to complete this report if necessary.) Activity Attach lists on plain paper to complete this report if necessary.) Activity Activity

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						1 ago 1 01 11
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free Hig	hways			00058340	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DALE HULS State Representati	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	STEVE TOTH State Representa	ativo.	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		STEVE TOTH State Represente	auve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	KYLE BIEDERMAN State Repre	esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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					Page 5 01 17
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Hig	hways			00058340	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JANINE CHAPA State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DAVID COVEY State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DARRELL HALE COLLIN COU	NTY COMMISS	SIONER, PRE 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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					1 ago 0 01 11
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texans for Toll-free High	hways			00058340
	COMMITTEE	1. Candidates	A Supported	CUDICTINA DDEWDY SMITH	COUNTY COMMISSIONER, PRE 3
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		CHRISTINA DREWRT SWITH	COUNTY COMMISSIONER, FRE 3
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)			
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	Candidates		NATHAN BUCHANAN BEXAR	COLINTY SHEDIFF
	ACTIVITY	(Identify by name or, if	A. Supported	NATHAN BUCHANAN BEXAR	COUNTY SHERIFF
	/A	applicable, classify by party.)			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)			
			B. Opposed		
		Officeholders Assisted			
		(Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		MARC LAHOOD State Repres	entative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)			
			B. Opposed		
		Officeholders Assisted			
		(Identify by name or, if applicable, classify by party.)			

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						1 ago 1 01 11
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free High	hways			00058340	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		AIMEE RAMSEY State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	MATTHEW MORGAN State Re	nresentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		WATTHEW WORDAN State Re	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	DENNIS LONDON State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Highwa	ys			00058340	
ACTIVITY (Iden	Candidates ntify by name or, if icable, classify by party.)	A. Supported	MIKE OLCOTT State Represen	I Itative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des locat	Measures scribe by date and tion of election and re of issue.)	A. Supported			
		B. Opposed			
(Iden	Officeholders Assisted ntify by name or, if icable, classify by party.)				
COMMITTEE 1.	Candidates	A. Sunnorted	SHELLEY LUTHER State Repr	esentative	
ACTIVITY (Iden	ntify by name or, if icable, classify by party.)	7t. Supported	SHELLET LOTHER State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des locat	Measures scribe by date and tion of election and re of issue.)	A. Supported			
		B. Opposed			
(Iden	Officeholders Assisted ntify by name or, if icable, classify by party.)				
COMMITTEE 1. (Iden		A. Supported	WES VIRDELL State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des locat	Measures scribe by date and tion of election and re of issue.)	A. Supported			
		B. Opposed			
(Iden	Officeholders Assisted ntify by name or, if icable, classify by party.)				
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FORM GPAC **ADDENDUM**

						Page 9 01 17
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Toll-free Highways 14 COMMITTEE 1. Candidates					00058340	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		KERESA RICHARDON State R	epresentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		KERRI KINGSBERY State Rep	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JOE COLLINS State Represent	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if)				
		applicable, classify by party.)				

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Toll-free Hig	hways				00058340	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		CHARLES BYRN S	State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	TIM GREEON Stat	e Renresenta	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		THE ONLE ON State	e represente	arve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	DAVID LOWE Stat	e Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
			<u> </u>				

FORM GPAC **ADDENDUM**

				Page 11 01 17
			13 Filer ID	(Ethics Commission Filers)
hways			00058340	
1. Candidates (Identify by name or, if applicable, classify by party.)		JAIME HAYNES State Represe	entative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
1. Candidates	A. Supported	CHAD CARNAHAN State Repre	esentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Assisted (Identify by name or, if				
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Opposed A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported CHAD CARNAHAN State Representation of the control of th	I. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported CHAD CARNAHAN State Representative CHAD CARNAHAN State Representative B. Opposed A. Supported CHAD CARNAHAN State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported CHAD CARNAHAN State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported CHAD CARNAHAN State Representative Describe by date and location of election and nature of issue.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					12 of 17
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commis	ssion Filers)
Tex	cans fo	r Toll-free Highways	00058340	•	ŕ
		E SUBTOTALS		1	
l	ME OF :	SUBTOTA	L AMOUNT		
	VIL 01 .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	540.00
				<u> </u>	
,	\Box	SCHEDI II E A2: NON MONETARY (IN VINIR) DOLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLUED III E CA. MONETARY CONTRIBUTIONS FROM CORRORATION OR LARG			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıK	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION			
6		CCUEDUI E CO. MONETADY CURRORT EROM CORRORATION OR LAROR ORG	ANIIZATIONI		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	 \$	
9.	П	SCHEDULE E: LOANS		\$	
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			_		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	533.43
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				<u> </u>	
12	Ū.	SCHEDI II E FA: EVDENDITI IDES MADE DV CDEDIT CADO			0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	0.00
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		TOTILLIX			
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	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 13/17	
2	FILER NAME Texans for T	oll-free Highways			3	Filer ID (Ethics Commission 00058340	Filers)
4	Date 07/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	San Antonio, TX 78258	10	Faralassa (Ossalastasstissa			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/08/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	San Antonio, TX 78258 Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID# 09/09/2024 Bulger, Linda Contributor address; City; State; Zip Code			Retired			
)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78258					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 07/09/2024		Full name of contributor out-of-state PAC (ID#:) Chambers, Chris Contributor address; City; State; Zip Code San Antonio, TX 78261				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1	
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/3 Rpt: 14/17		
2	FILER NAME Texans for T	FILER NAME Texans for Toll-free Highways				3	Filer ID (Ethics Commission 00058340	Filers)
4	Date 09/09/2024	5 Full name of contributor Chambers, Chris6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78261						
8	Principal occu Retired	pation / Job title (See Instructions	s)	9	Employer (See Instructions Retired	s)		
	Date 07/17/2024	Full name of contributor Falcon Borel , Linda Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions	s) I		Employer (See Instructions	s)		
	Retired	panon, dos uno (eco mondono	,,		retired	-,		
	Date 08/17/2024	Full name of contributor Falcon Borel , Linda Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	San Antonio, TX 78260							
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		
	Date 09/23/2024	Full name of contributor Falcon Borel , Linda Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	s)		
	Date 07/19/2024	Full name of contributor Phelps, Kenneth Contributor address; City; S San Antonio, TX 78259	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/3 Rpt: 15/17	
2	FILER NAME Texans for T	ILER NAME exans for Toll-free Highways			3	Filer ID (Ethics Commission 00058340	Filers)
4	Date 08/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78259	_		Ĺ		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/16/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78259 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired	, , ,		retired			
	Date 07/24/2024	Full name of contributor				Amount of Contribution (\$)	\$5.00
		HUNTSVILLE, TX 77320					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320)		Amount of Contribution (\$)	\$5.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_SIMS, DAVID Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320				Amount of Contribution (\$)	\$5.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Texans for Toll-free Highways 00058340
5 Payee name
CONSTANT CONTAC
7 Payee address; City; State; Zip Code
1601 TRAPELO RD
WALTHAM, MA 02451
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
WEBSITE/EIVI/VIE
Candidate/Officeholder name Office sought Office held
Candidate/Officeholder name Office sought Office held H
Payee name
CONSTANT CONTAC
Payee address; City; State; Zip Code
1601 TRAPELO RD
WALTHAM, MA 02451
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
WEBSITE/EIVIAIL
Condidate/Officeholder name Office sought Office hold
Candidate/Officeholder name Office sought Office held H
Payee name
CONSTANT CONTAC
Payee address; City; State; Zip Code
Payee address; City; State; Zip Code 1601 TRAPELO RD
1601 TRAPELO RD WALTHAM, MA 02451
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE/EMAIL Candidate/Officeholder name Office sought Office held
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
1601 TRAPELO RD WALTHAM, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE/EMAIL Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 17/17	Texans for Toll-free Highways 00058340
4 Date	5 Payee name
08/29/2024	CONSTANT CONTAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$154.57	1601 TRAPELO RD
Expenditure from	WALTHAM, MA 02451
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes, Complete Schedule T
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	WEBSITE/EMAIL
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	
Date	Payee name
09/03/2024	CONSTANT CONTAC
Amount (\$)	Payee address; City; State; Zip Code
\$15.99	1601 TRAPELO RD
, , , , ,	
Expenditure from	N/ALTHAM NA 02451
corporate funds	WALTHAM, MA 02451
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense WEBSITE/EMAIL
	WEBSITE/EIVIAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff Great	•
Date	Payee name
08/16/2024	Grassroots America
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	PO Box 130012
Ψ-3.00	
Expenditure from	
corporate funds	Tyler, TX 75713
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	COALITION CONFERENCE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	