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) 00016839 3 COMMITTEE NAME **OFFICE USE ONLY** Sierra Club Political Committee of Texas Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 4998 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78765-4998 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Andrew P. NAME NICKNAME LAST **SUFFIX** Balinsky STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6406 N I-35, STE 1805 STREET **ADDRESS** (Residence or Business) Austin, TX 78752 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4998 MAILING **ADDRESS** Austin, TX 78765 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-1729 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| Sierra Club Political Co | mmittee of Texas | | 00016839 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Katherine Culbert Railroad Con | mmissioner | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 1,000.00 |
| | 2. TOTAL POLITICAL (OTHER THAN PLE | IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 2,580.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 65.85 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 21,924.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 10,639.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | · | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mr. Andrew | P. Balinsky | |
| | | Signature of Car | mpaign Treasur | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | d before me, by the said | , tr | nis the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ac | dministering oath | Printed name of officer administering oath | Title of office | er administering oath |

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|----|---|---|---------------------------|--------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Carol Alvara | do State Senator | | |
| | (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.) | A. Supported Sarah Eckha | ardt State Senator | | |
| | (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 Molly Cook | State Senator | | |
| | (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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|----|---|---|--------------|--------------------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | d Nathan Johnson State Senat | or | |
| | (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. Supporte | d | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE | 1. Candidates | A. Supporte | d Desiree Venable State Repre | esentative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | d | | |
| | | | 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. Supporte | d Christian Manuel 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. Supporter | d | | |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if | | | | |
| | | Assisted | | | | |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Ron Reynolds State 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.) | | | | |
| | COMMITTEE | 1. Candidates | A. Supported | Solomon Ortiz Jr. State Represe | entative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (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 | Ruben Cortez State Representa | itive | |
| | (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.) | | | | |
| | | applicable, classify by party.) | | | | |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Erin Zwiener State Represer | tative | |
| | (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 | 1. Candidates | A. Sunnorted | Vikki Goodwin State Represe | entative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | VIIII GOOGWIII State Represe | induve | |
| | (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 | Donna Howard State Repres | 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.) | | | | |
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| OMMITTEE NAME iterra Club Political Cor OMMITTEE CTIVITY Attach lists on plain aper to complete this | nmittee of Texas 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Gina Hinojosa State Representa | 13 Filer ID 00016839 | (Ethics Commission Filers) |
|---|--|---|---|---|--|
| OMMITTEE CTIVITY Attach lists on plain | Candidates (Identify by name or, if | A. Supported | Cina Hinninga Stata Panrasant | | |
| OMMITTEE CTIVITY Attach lists on plain | Candidates (Identify by name or, if | A. Supported | Gina Hinoiosa, State Benresent | <u></u> | |
| Attach lists on plain | | | Oma i mojosa State Represent | ative | |
| eport if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| OMMITTEE | 1. Candidates | A. Supported | James Talarico State Represen | tative | |
| CTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| aper to complete this | | 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.) | | | | |
| | Candidates (Identify by name or, if | A. Supported | Lulu Flores State Representativ | re | |
| aper to complete this | | 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.) | | | | |
| | Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CCTIVITY Attach lists on plain aper to complete this eport if necessary.) | 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. 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.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) COMMITTEE CTIVITY Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Opposed 3. Officeholders Assisted A. Supported B. Opposed | B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this applicable, classify by party.) Attach lists on plain aper to complete this applicable, classify by party.) Attach lists on plain aper to complete this applicable describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed | B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) Attach lists on plain aper to complete this approximate of issue) 2. Measures (Describe by date and location of election and nature of issue) 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue) 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) Attach lists on plain aper to complete this approximate to complete this approximate to complete this approximate of issue) B. Opposed 3. Supported 4. Supported B. Opposed B. Opposed 5. Supported CIVITY 1. Candidates (identity by name or, if applicable, classify by party.) B. Opposed 5. Supported CIVITY 2. Measures (Describe by date and location of election and nature of issue) B. Opposed 5. Opposed 6. Supported 6. Supported 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 9. Opposed 9. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed |

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| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Sierra Club Political Comr | mittee of Texas | | | 00016839 | |
| ACTIVITY (1 | Candidates dentify by name or, if pplicable, classify by party.) | | Jennie Birkholz State Represen | tative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| J) Io | 2. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| (I | B. Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
| COMMITTEE 1 | Candidates | A. Supported | Jennifer Lee State Representati | ve | |
| ACTIVITY (I | dentify by name or, if pplicable, classify by party.) | | ociminor 200 Grate Representati | VC | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| J) | P. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| (I | B. Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
| COMMITTEE 1 ACTIVITY (| Candidates dentify by name or, if pplicable, classify by party.) | A. Supported | Michelle Beckley State Represe | ntative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| J) Id | P. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| l _{(l} | B. Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | mmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Perla Bojorquez State Represer | I 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 | 1. Candidates | A. Supported | Denise Wilkerson State Repres | entative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Zenice Winterest, Clare Repres | ontauvo | |
| | (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 | Ebony Turner State Representa | itive | |
| | (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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| COMMITTEE NAME | | | | | (Ethics Commission Filers) |
|---|---|--------------|--------------------------------|----------|----------------------------|
| Sierra Club Political Cor | | _ | | 00016839 | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Venton Jones State Representa | tive | |
| (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.) | | Ana-Maria Ramos State Repres | 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 ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Rafael Anchia State 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.) | | | | |
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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| 1/1 | COMMITTEE | 1. Candidates | A Supported | Elizabeth Ginsberg State Repre | | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Elizabeth Girisberg State Repre | esemanve | |
| | (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 | applicable, classify by party.) | | Avenda Biah v. Ott. 5 | -4: | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Averie Bishop State Represent | ative | |
| | (Attack lists on which | 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 | Candidates (Identify by name or, if applicable, classify by party.) | | John Bryant State Representat | ive | |
| | (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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| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | mmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Cassandra Hernandez State Re | representative | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE | 1. Candidates | A. Supported | Kristian Carranza State Represe | entative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (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.) | A. Supported | Barbara Gervin-Hawkins State F | Representative | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
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| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | mmittee of Texas | | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Laurel Swift State | Representativ | е | |
| | (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.) | 7. Supported | | | | |
| | | | B. Opposed | | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | COMMITTEE | 1. Candidates | A. Supported | Diego Bernal State | e Renresentati | ive | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Diego Berriai Ciai | e representati | •• | |
| | (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 ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Ray Lopez State F | Representative | • | |
| | (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.) | | | | | |
| | | | | | | | |

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| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|----------------|-------------------|---------------|----------------------------|
| Sierra Club Political Co | mmittee of Texas | | | | 00016839 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Doug Peterson | 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 | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE | 1. Candidates | A. Supported | Alma Allen Sta | te Representative | е | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Ann Johnson S | State Representa | tive | |
| (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.) | | | | | |
| | (Identify by name or, if | | | | | |

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|---|---|--------------|---------------|--------------------|-------------|----------------------------|
| COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Sierra Club Political Cor | | _ | | | 00016839 | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jon Rosentha | l State 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.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | John Bucy III | State Representat | ive | |
| (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.) | | Gene Wu Sta | ate Representative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |

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| | | | | | | 1 ago 11 01 00 |
|----|---|--|--------------|--------------------------------|--------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Armando Walle State Represer | I 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 | 1. Candidates | A. Supported | Ana Hernandez State Represer | ntative | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | That Termandez Glade Represen | itative | |
| | (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 | Christina Morales State Repres | 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.) | | | | |
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| | | | | | | 1 ago 10 01 00 |
|-------------|--|---|--------------|-------------------------------|-----------------|----------------------------|
| 12 C | OMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Si | erra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | OMMITTEE CTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Penny Morales Shaw State Re | presentative | |
| pa | ttach lists on plain uper to complete this port 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.) | | | | |
| C | OMMITTEE | 1. Candidates | A. Supported | Hubert Vo State Representativ | | |
| AC | CTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| pa | ttach lists on plain uper to complete this port 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.) | | | | |
| | OMMITTEE CTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Dr. Theresa Daniel Dallas Cou | nty Commissione | er District 1 |
| pa | ttach lists on plain uper to complete this port 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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|----|---|---|--------------|-------------------------------|---------------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jose Garza District Attorney | | |
| | (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 | 1. Candidates | A. Supported | Kathie Tovo Austin Mayor | | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Ratile 1000 / Mastil Wayor | | |
| | (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.) | | Vanessa Fuentes Austin City C | ouncillor - Distric | et 2 |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | 1 | <u> </u> | | | |

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| | | | | | | 1 age 20 01 00 |
|----|---|---|--------------|---------------------------------|--------------------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jose Chito Vela Austin City Cou | I ıncillor - District | 4 |
| | (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 | | | |
| | | natare of issue. | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE | 1. Candidates | A. Supported | Mike Siegel Austin City Council | lor - District 7 | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Gary Bledsoe Austin City Counc | cillor - District 7 | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | | |

FORM GPAC ADDENDUM

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|----|---|--|--------------|--------------------------|---------|--------------------------|--------------------|---------|
| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission | Filers) |
| | Sierra Club Political Cor | mmittee of Texas | | | | 00016839 | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Marc Duchen Austin City | Counc | l illor - District 10 | 0 | |
| | (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 | Isabel Araiza Corpus Chr | isti Ma | vor | | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | , | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | | |
| | | 2. Measures (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 | Eli McKay Corpus Christi | City C | ouncillor - Distr | rict 1 | |
| | (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.) | | | | | | |
| | | | | | | | | |

FORM GPAC **ADDENDUM**

| | | | | | | Page 22 01 35 |
|----|---|---|--------------|------------------------------|-----------------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Sierra Club Political Cor | nmittee of Texas | | | 00016839 |) |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Sylvia Campos Corpus Chr | isti City Councillor | - District 2 |
| | (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.) | | Eric Cantu Corpus Christi C | City Councillor - Dis | strict 3 |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jim Klein Corpus Christi Cit | y Councillor - At L | arge |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if) | | | | |
| | | applicable, classify by party.) | | | | |
| | | | | | | |

FORM GPAC **ADDENDUM**

| | | | | Page 23 01 35 |
|---|--|--|--|--|
| | | | 13 Filer ID | (Ethics Commission Filers) |
| mmittee of Texas | | | 00016839 |) |
| 1. Candidates (Identify by name or, if applicable, classify by party.) | | Jennifer Gracia Corpus Christi (| City Councillor | - At Large |
| | 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.) | | | | |
| | | Christian Menefee Harris Count | ν Δttorneν | |
| (Identify by name or, if | | Chinsual Meneree Harns Count | y Attorney | |
| | B. Opposed | | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | B. Opposed | | | |
| 3. Officeholders Assisted | | | | |
| applicable, classify by party.) | | | | _ |
| | | | | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 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 Christian Menefee Harris Count Christian Menefee Harris Count B. Opposed A. Supported Christian Menefee Harris Count 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 A. Supported B. Opposed A. Supported B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed B. Opposed |

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

| | | | | | 24 01 35 |
|--------------|---------|--|--------------|-------|-----------------------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethi | cs Commission Filers) |
| Sie | rra Clu | b Political Committee of Texas | 00016839 | | |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 2,580.00 |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. | X | \$ | 0.00 | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 21,924.55 |
| 11. | X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. | X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 |
| 13. | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|-----------------------------|---|---|--|---------|---|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 25/35 | |
| 2 | FILER NAME Sierra Club F | Political Committee of Texas | | | 3 | Filer ID (Ethics Commission 00016839 | n Filers) |
| 4 | Date 10/01/2024 | 5 Full name of contributorGehlbach, Nancy6 Contributor address; City; St. | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$500.00 |
| | | Waco, TX 76712-3407 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions | 9 | Employer (See Instructions Retired | s) | | |
| | Date 10/01/2024 | Full name of contributor Hale, Jason Contributor address; City; St | | Amount of Contribution (\$) | \$50.00 | | |
| | Principal occu | Corpus Christi, TX 78411- pation / Job title (See Instructions | | Employer (See Instructions | s) | | |
| | Additive mar | nufacturing | | Self employed | | | |
| | Date 10/01/2024 | Full name of contributor out-of-state PAC (ID#:) | | | | Amount of Contribution (\$) | \$500.00 |
| | | Chappell Hill, TX 77426-3 | 737 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions | | Employer (See Instructions Retired | s) | | |
| | Date 10/18/2024 | Full name of contributor McClain, Ken Contributor address; City; St. Houston, TX 77030-2101 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Physician | pation / Job title (See Instructions | | Employer (See Instructions Baylor College of Medic | | , | |
| | Date 09/27/2024 | te Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu retired | pation / Job title (See Instructions | | Employer (See Instructions N/A | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|---|--|---|--------------------------------|-----------------------------|---|--------------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 26/35 | |
| 2 | FILER NAME Sierra Club Political Committee of Texas | | | 3 | Filer ID (Ethics Commissi 00016839 | on Filers) |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) Rhoades, Stephanie 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 | |
| 8 | Principal occu | Dallas, TX 75229 Ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Not Disclose | | Not Disclosed | | | |
| | Date 09/27/2024 | Full name of contributor out-of-state PAC (ID#:_ Stein, Mark Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | | Dallas, TX 75205-2102 | | | | |
| | Principal occu retired | ipation / Job title (See Instructions) | Employer (See Instructions N/A | s) | | |
| | Date 09/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Wheelan, Liz Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Dallas, TX 75206-2815 upation / Job title (See Instructions) | Employer (See Instructions | -, | | |
| | Sales Assoc | | Toys Unique | 5) | | |
| | | | | | | |

| PLE | OGED CONTRIBU | TIONS | | | SCHEDULE | В | |
|---|------------------------------------|-----------------------|-----------------------|--------|---|----------|--|
| The Instruction Guide explains how to complete this form. 2 FILER NAME | | | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 27/35 | | |
| | | | | | Filer ID (Ethics Commission Filers) | | |
| | lub Political Committee of Te | xas | | _ | 00016839 | | |
| 4 TOTAL | OF UNITEMIZED PLEDG | SES | | | \$ | 0.00 | |
| 5 Date | 6 Full name of pledgor | out-of-state PAC (ID# | : |) 8 | Amount of pledge (\$) 9 In-kind description (If applicable) | | |
| | 7 Pledgor Address; | City; State; Zip Code | | | i | | |
| | | | | [| Check if travel outside of Texas. Complete Sch | edule T. | |
| 10 Principal | occupation / Job title (See Instru | ctions) | 11 Employer (See Inst | tructi | ions) | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS SCHEDULE E | | | | | | | |
|----|------------------------------------|-----------------------------------|-----------------|---|-------------|-----------------|--------------------------------|----------------|
| | The Instructio | on Guide explains how to co | omplete this f | orm. | 1 | | ges Schedule E 1 Rpt: 28/35 | : |
| 2 | FILER NAME Sierra Club Polit | ical Committee of Texas | | | 3 | Filer ID 000168 | (Ethics Comm | ission Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Amou | int (\$) |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Ra | |
| | | | | | | | 11 Maturity Da | ate |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See In | structions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal funds were deposited into political account (See Instructions) | | | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Gu | aranteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See In | structions) | | | |
| | | | | | | | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/7 Rpt: 29/35 Sierra Club Political Committee of Texas 00016839 4 Date Payee name 10/09/2024 Araiza for Mayor 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 326 Poenisch Dr Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2024 Averie for All campaign Amount (\$) Payee address; City; State; Zip Code \$2,000.00 819 W Arapaho Road STE 24B #233 Expenditure from Richardson, TX 75080 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2024 Birkholz for Texas Amount (\$) Payee address: City; State; Zip Code \$500.00 P.O. Box 1772 Expenditure from corporate funds Round Rock, TX 78680 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

| Candidate/Officeholder/Politica | | | | |
|--|--|--|--|--|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 2/7 Rpt: 30/35 | Sierra Club Political Committee of Texas 00016839 | | | |
| 4 Date | 5 Payee name | | | |
| 10/08/2024 | Campaign Fund of Denise Wilkerson | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$2,000.00 | PO Box 14332 | | | |
| Ψ2,000.00 | 1 O BOX 14332 | | | |
| Expenditure from | A I' - 1 TV 70004 | | | |
| corporate funds | Arlington, TX 76094 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | Campaign Contribution | | | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | | | | |
| Date | Dayloo nama | | | |
| 10/08/2024 | Payee name Cassandra Hernandez for Texas | | | |
| | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$500.00 | P.O. Box 1289 | | | |
| Expenditure from | | | | |
| corporate funds | Addison, TX 75001 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | |
| | Candidate/Officeholder/Political Committee | | | |
| | Campaign Continbution | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | | | | |
| | | | | |
| Date | Payee name | | | |
| 10/08/2024 | Doug Peterson for Texas 129 | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$1,000.00 | P.O. 891193 | | | |
| Expenditure from | | | | |
| corporate funds | Houston, TX 77289 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | |
| EXI ENDITORE | Candidate/Officeholder/Political Committee | | | |
| | Campaign Contribution | | | |
| Complete ONU V.V. | Condidate (Office holder name | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

g Expense Travel in District
ng Expense Travel Out of Dis
es/Wages/Contract Labor OTHER (enter a

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/7 Rpt: 31/35 | Sierra Club Political Committee of Texas 00016839 |
| 4 Date | 5 Payee name |
| 10/09/2024 | Ebony Turner for State Representative HD 96 |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500.00 | P.O. Box 923 |
| Expenditure from corporate funds | Mansfield, TX 76063 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/09/2024 | Eli for CC Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | 1008 Marguerite St |
| Expenditure from corporate funds | Corpus Christi, TX 78401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee Candidate/Officeholder living expense |
| | Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/08/2024 | Elizabeth for Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | 4502 W. Lovers Lane |
| Expenditure from corporate funds | Dallas, TX 75209 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| _/ | Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | y |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | | | | |
|--|--|--|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 4/7 Rpt: 32/35 | Sierra Club Political Committee of Texas 00016839 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/09/2024 | Eric Cantu Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$500.00 | P.O Box 60871 | | | | |
| | | | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78466 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Candidate/Officeholder/Political Committee | | | | |
| | Campaign Contribution | | | | |
| | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | 1 | | | | |
| Date | Payee name | | | | |
| 10/02/2024 | Harland Clarke Corporation | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$358.70 | 15955 La Cantera Parkway | | | | |
| 40000 | 2000 In Carlota Carlota | | | | |
| Expenditure from | O A . (| | | | |
| corporate funds | San Antonio, TX 78256 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | |
| | Check if Austin, TX, officeholder living expense | | | | |
| | Bank Checks | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| experientare to benefit 6/01 | | | | | |
| Date | Payee name | | | | |
| 10/09/2024 | Jennifer Gracia Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$500.00 | 1747 16th Street | | | | |
| | | | | | |
| Expenditure from | Corpus Christi TV 79404 | | | | |
| corporate funds | Corpus Christi, TX 78404 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Contributions/Donations Made By | | | | |
| | Candidate/Officeholder/Political Committee | | | | |
| | Campaign Contribution | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| onponditure to belieff 0/01 | - p | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
|---|---|--|--|--|--|
| 1 Total pages Schedule F1: | | | | | |
| Sch: 5/7 Rpt: 33/35 | Sierra Club Political Committee of Texas 00016839 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/08/2024 | Jennifer Lee for HD 55 | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$500.00 | P.O. Box 1916 | | | | |
| Expenditure from corporate funds | Temple, TX 76503 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Candidate/Officerioider/Political Committee Campaign Contribution | | | | |
| | | | | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 10/09/2024 | Jim Klein Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$2,000.00 | 3501 Monterrey St | | | | |
| Expenditure from | | | | | |
| corporate funds | Corpus Christi, TX 78411 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Candidate/Officeholder/Political Committee | | | | |
| | | | | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 10/08/2024 | Kristian Carranza for Texas | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$2,000.00 | P.O. Box 831436 | | | | |
| Expenditure from corporate funds | San Antonio, TX 78283 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | |
| EAPENDITURE | Candidate/Officeholder/Political Committee | | | | |
| | Campaign Contribution | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OH | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
|--|--|--|--|--|--|
| 4 7 1 0 1 1 5 | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 Total pages Schedule F1: | | | | | |
| Sch: 6/7 Rpt: 34/35 | Sierra Club Political Committee of Texas 00016839 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/08/2024 | Laurel Jordan Swift Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| ` * | P.O. Box 6866 | | | | |
| \$2,000.00 | P.O. BOX 0800 | | | | |
| Expenditure from | | | | | |
| corporate funds | San Antonio, TX 78209 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Candidate/Officeholder/Political Committee | | | | |
| | Campaign Contribution | | | | |
| | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | | | | | |
| | | | | | |
| Date | Payee name | | | | |
| 10/09/2024 | Ortiz for Texas | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$500.00 | P.O. Box 286 | | | | |
| · | | | | | |
| Expenditure from | October Obrieti TV 70400 | | | | |
| corporate funds | Corpus Christi, TX 78403 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | |
| | Candidate/Officeholder/Political Committee | | | | |
| | Campaign Contribution | | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | 1 | | | | |
| Date | Payee name | | | | |
| 10/09/2024 | Perla for Texas | | | | |
| | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$500.00 | P.O. Box 79503 | | | | |
| - Forest diture (co. co. | | | | | |
| Expenditure from corporate funds | Saginaw, TX 76179 | | | | |
| PURPOSE | | | | | |
| OF | | | | | |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Campaign Contribution | | | | |
| | | | | | |
| Complete CNI V if direct | Candidate/Officeholder name Office sought Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | expenditure to benefit C/OH | | | | |
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SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | | /Contract Labor OTHER (enter a category not listed above) |
|---|--|---|
| 1 Total pages Schodule F1: | · · · · | 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 35/35 | Sierra Club Political Committee of Texas | 00016839 |
| 4 Date | 5 Payee name | 0002000 |
| 10/09/2024 | Plesa for Texas | |
| | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$1,000.00 | P.O. Box 796311 | |
| Expenditure from corporate funds | Dallas, TX 75248 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Contributions/Donations Made By | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee | Check if Austin, TX, officeholder living expense |
| | | Campaign Contribution |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 10/09/2024 | Sylvia Campos Campaign | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,000.00 | 4410 Fir St | |
| | | |
| Expenditure from corporate funds | Corpus Christi, TX 78411 | |
| PURPOSE | l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | Description |
| OF EXPENDITURE | Contributions/Donations Made By | Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee | Check if Austin, TX, officeholder living expense |
| | | Campaign Contribution |
| Commission ONLL V if dispose | Canadidate/Officeholder rame | Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Doto | D | |
| Date | Payee name | |
| 10/09/2024 | Venable for Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$500.00 | 120 Meadowood Dr | |
| Expenditure from | | |
| corporate funds | Bastrop, TX 78602 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Contributions/Donations Made By | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Candidate/Officeholder/Political Committee | Check if Austin, TX, officeholder living expense |
| | | Campaign Contribution |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| experiolitife to belieff C/OI | 1 | |
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| | | |