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) 00086587 3 COMMITTEE NAME **OFFICE USE ONLY Technology Network Texas PAC** Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 20 Park Road, Ste. E Date Hand-delivered or Date Postmarked Change of Address Burlingame, CA 94010 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Russell H. NAME NICKNAME LAST **SUFFIX** Miller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 20 Park Road, Ste. E STREET **ADDRESS** (Residence or Business) Burlingame, CA 94010 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 20 Park Road, Ste. E MAILING **ADDRESS** Burlingame, CA 94010 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (650) 401-8735 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 **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

| 2 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| Technology Network | Texas PAC | | 00086587 | |
| 4 COMMITTEE | 1. Candidates | A. Supported | | |
| 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 | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | 7. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | Rep. Dade Phelan State Repre | esentative | |
| 5 CONTRIBUTION | | D POLITICAL CONTRIBUTIONS (OTHER THAN | | |
| TOTALS | CONTRIBUTIONS N | OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA | | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 8,500.00 |
| CONTRIBUTION BALANCE | | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | 1,398.89 |
| OUTSTANDING LOAN TOTALS | | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | 0.00 |
| 6 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code. | | |
| | | | | |
| | | | II H. Miller | |
| | | Signature of Can | npaign Freasu | irer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscril | bed before me, by the said | , th | is the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of office | cer administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | | Page 3 of 7 |
|--|---|---|-------------|----------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Technology Network Texas PAC | | | | | 0008658 | 7 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed | | | • | |
| report if necessary.) | 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.) | | Greg Abbott | Governor | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 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.) | | Dan Patrick | _ieutenant Gov | rernor | |
| COMMITTEE ACTIVITY | 1. Candidates (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. SupportedB. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if | | Sen. Angela | Paxton State S | Senator | |
| | applicable, classify by party.) | | | | | |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 4 of 7 |
|---------------|--|---|-----------------------------|----------------------------|
| | | E NAME y Network Texas PAC | 18 Filer ID 00086587 | (Ethics Commission Filers) |
| 19 SCI | 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 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 O | ORGANIZATION | \$ |
| 9. | | SCHEDULE E: LOANS | | \$ |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ 8,500.00 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to cor | nplete this form. |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/3 Rpt: 5/7 | Technology Network Texas PAC | 00086587 |
| 4 Date | 5 Payee name | · |
| 10/25/2024 | Angela Paxton Campaign | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Coo | de |
| \$500.00 | P. O. Box 2878 | |
| Expenditure from corporate funds | McKinney, TX 75070 | |
| 8 PURPOSE OF | , | (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 |
| | Carraidate/Cinecinetae// Cineciae | Contribution |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sout | ht Office held |
| expenditure to benefit C/O | ¹ Paxton, Angela | State Senator District 8 |
| Date | Payee name | |
| 10/25/2024 | Texans for Dade Phelan | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$2,000.00 | P. O. Box 848 | |
| Expenditure from corporate funds | Nederland, TX 77627 | |
| 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 | Check if Austin, TX, officeholder living expense Contribution |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sout | ht Office held |
| expenditure to benefit C/O | [†] Phelan, Dade | State Representative District 21 |
| Date | Payee name | |
| 10/25/2024 | Texans for Dan Patrick | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$2,000.00 | P. O. Box 685085 | |
| Expenditure from | | |
| corporate funds | Austin, TX 78768 | |
| 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. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee | Contribution |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sout | ht Office held |
| expenditure to benefit C/OH Patrick, Dan Lieutenant Governor | | |
| | | |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| 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: 2/3 Rpt: 6/7 | Technology Network Texas PAC 00086587 |
| 4 Date | 5 Payee name |
| 10/25/2024 | Texans for Greg Abbott |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,000.00 | P. O. Box 308 |
| | |
| Expenditure from corporate funds | Austin, TX 78767 |
| 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/Officeholder/Political Committee Contribution |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 10/01/2024 | Texas House Democratic Caucus |
| | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P. O. Box 12453 |
| \$500.00 | P. O. Bux 12453 |
| Expenditure from corporate funds | Austin, TX 78711 |
| 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 Contribution Check if Austin, TX, officeholder living expense Contribution |
| | Solition |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 10/22/2024 | Payee name Texas House Republican Caucus |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | P. O. Bpox 13305 |
| Expenditure from corporate funds | Austin, TX 78711 |
| 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 |
| | Contribution |
| Complete CNI V if direct | Candidate/Officeholder name Office country Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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 | Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District - 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: 3/3 Rpt: 7/7 | Technology Network Texas PAC 00086587 | | |
| 4 Date | 5 Payee name | | |
| 10/25/2024 | Texas Senate Democratic Caucus | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$500.00 | P. O. Box 1042 | | |
| Expenditure from corporate funds | Austin, TX 78767 | | |
| 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 Contribution | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| Date | Payee name | | |
| 10/25/2024 | Texas Senate Republican Caucus | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$500.00 | 1108 Lavaca Street | | |
| | Suite 110, Box 703 | | |
| Expenditure from corporate funds | Austin, TX 78701 | | |
| 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 | | |
| | Contribution | | |
| | | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| | | | |