GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction		2 Total pages filed: 16			
3	COMMITTEE NAME		OFFICE USE ONLY			
	Forward Majority Action Texas					Date Received ELECTRONICALLY FILED 10/28/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CO	DDE	
	ADDRESS	921 H st NE				Date Hand-delivered or Date Postmarked
	Change of Address	#247				
	Change of Address	Washington, DC 20002				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Elizabeth				
		NICKNAME LAST				SUFFIX
		Pedraja				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER STREET	921 H St. NE #247				
	ADDRESS					
	(Residence or Business)	Washington, DC 20002				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	921 H St. NE #247				
	ADDRESS					
	Change of Address	Washington, DC 20002				
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EX	TENSION		
	PHONE	(908) 432-7335				
9	REPORT TYPE	January 15	0th (lay before election		Dissolution (Attach PAC-DR)
			th da	ay before election		10th day after campaign treasurer
		July 15	Runo	ff		termination
			uno			
10	PERIOD COVERED	Month Day Year		Month	Day	Year
	COVERED	09/27/2024 7	HR	DUGH 10/2	26/2024	L.
	ELECTION	ELECTION DATE Month Day Year	Prim	ELECTION TY ary Runoff	PE	Other
		11/05/2024				
			Gen	eral Special		
		GO	10	PAGE 2		
Foi	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File					er ID	(Ethics Commission Filers)
Forward Majority Action Texas 0008						
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jonathan Gracia Stat	te 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.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT ADE ELECTRO		THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		JTIONS 5, OR GUARANTEES OF L	OANS)	\$	140,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	138,076.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		NS MAINTAINED AS OF T	HE LAST DAY	\$	7,734.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		LL OUTSTANDING LOAN ERIOD	S AS OF THE	\$	0.00
16 AFFIDAVIT	•				•	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.						
				Elizabeth Ped	raia	
		-	Siana	ture of Campaigr	-	er
			_ 9	1 5.		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said day					day
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name o	of officer administering oath	n Titl	e of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	ethics.state.tx.us			Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 16

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Forward Majority Action	Texas			00084123	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cecilia Castellano State Re	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. SupportedB. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Elizabeth Ginsberg State R	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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Averie Bishop 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Forms provided by Texas F	thics Commission		ethics state ty us		Version V4.1.0.48da51f2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 16

12 COMMITTEE NAME					(Ethics Commission Filers)	
Forward Majority Action	Texas			00084123		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kristian Carranza 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Laurel Jordan Swift State Repre	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	1. 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	Janie Lopez State Representativ	/e		
	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.)					
	appinuation, classify by party.)	1				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 5 of 16

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Forward Majority Action	Texas				00084123	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported			
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed	Don McLaughlin State Represer	ntative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported			
		В. (Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE			Supported			
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported			
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed	Morgan Meyer State Representa	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported			
		В. (Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE	1. Candidates	A. 5	Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed	Angie Chen Button State Repres	sentative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported			
		В. (Opposed			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.))				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

Page 6 of 16

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Forward Majority Action	Texas				00084123	
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	John Lujan St	ate Representative	9	
	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	1. 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	Marc LaHood	State Represental	tive	
	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.)					

SUBTOTALS - GPAC	C	FORM GPAC OVER SHEET PG 3 7 of 16
17 COMMITTEE NAME Forward Majority Action Texas	18 Filer ID 00084123	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 140,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 138,076.68
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/16 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Forward Majority Action Texas 00084123 5 Full name of contributor Amount of Contribution (\$) 4 Date X out-of-state PAC (ID#: C00631549 7 10/04/2024 \$70,000.00 Forward Majority Action 6 Contributor address; City; State; Zip Code Washington, DC 20002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: C00631549 Amount of Contribution (\$) 10/18/2024 \$70,000.00 Forward Majority Action Contributor address; City; State; Zip Code Washington, DC 20002 Principal occupation / Job title (See Instructions) Employer (See Instructions)

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/8 Rpt: 9/16	Forward Majority Action Texas 00084123					
4 Date	5 Payee name					
10/07/2024	Westerleigh Press					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$68,746.44	458 Andrews Avenue					
Expenditure from corporate funds	Hartsville, TN 37074					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Mailing					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Castellano, Cecilia State Representative District 80					
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	5					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee 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)		
1 Total pages Schedule F1:	2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)		
Sch: 2/8 Rpt: 10/16	Forward Majority Action Texas		00084123		
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top of th	his schedule) (b) Description			
OF EXPENDITURE					
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O	^H Bishop, Averie	State Representative Distric	ot 112		
Date	Payee name				
	(see previous)				
Amount (\$)		State; Zip Code			
Expenditure from corporate funds		is schedule) (b) Description			
OF EXPENDITURE	(a) Category (See Categories listed at the top of top	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O	^H Carranza, Kristian	State Representative Distric	zt 118		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; S	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of top	Check if travel ou	ıtside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O	^H Jordan Swift, Laurel	State Representative Distric	rt 121		

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District				
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 3/8 Rpt: 11/16	Forward Majority Action Texas		00084123			
4 Date	5 Payee name (see previous)					
6 Amount (\$) 7 Payee address; City; State; Zip Code						
corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought State Representative District	Office held 37			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State	e; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought State Representative District	Office held 80			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State	e; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought State Representative District	Office held 108			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beve - Gift/Award I Committee Legal Serv	Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in I Gift/Awards/Memorials Expense Printing Expense Travel Out				aising Expense uipment & Related Expense ict ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 4/8 Rpt: 12/16	Forward Majority A	ction Texas			00084123	
4 Date	5 Payee name			1		
	(see previous)					
6 Amount (\$)	7 Payee address; 0	City; State;	Zip Code			
Expenditure from corporate funds						
8 PURPOSE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) [Description		
OF EXPENDITURE					outside of Texas. Compl TX, officeholder living e	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office hel	d
expenditure to benefit C/O	^H Chen Button, Agnie	S	State Represe	ntative Distri	ct 112	
Date	Payee name					
	(see previous)					
Amount (\$)		City; State;	Zip Code			
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) [outside of Texas. Compl TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder ^H Lujan, John		Office sought State Represe	ntativo Distri	Office hel	d
·	Eujan, John		nale Repiese			
Date	Payee name (see previous)					
Amount (\$)	Payee address; C	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) [outside of Texas. Compl TX, officeholder living e	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office hel	d
expenditure to benefit C/O	^H LaHood, Marc	S	State Represe	ntative Distri	ct 121	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/8 Rpt: 13/16	Forward Majority Action Texas 00084123					
4 Date	5 Payee name					
10/23/2024	Westerleigh Press					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$69,330.24	458 Andrews Avenue					
Expenditure from corporate funds						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Mailing					
	l l l l l l l l l l l l l l l l l l l					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Pavee name					
Date	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	^H Lopez, Janie State Representative District 37					
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 					
Complete CNU V if dire-t						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held ^H Castellano, Cecilia State Representative District 80					
	כעסנטועדט, כבטווע סגעב אבער גער גער גער גער גער גער גער גער גער ג					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense e Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 6/8 Rpt: 14/16	Forward Majority Action Texas		00084123	
4 Date	5 Payee name	I		
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H McLaughlin, Don	Office sought State Representative Distri	Office held ct 80	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Ginsberg, Elizabeth	Office sought State Representative Distri	Office held ct 108	
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OH Meyer, Morgan State Representative District 108				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 7/8 Rpt: 15/16	Forward Majority Action Texas		00084123	
4 Date	5 Payee name (see previous)	·		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Bishop, Averie	Office sought State Representative District	Office held t 112	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Chen Button, Angie	Office sought State Representative District	Office held t 112	
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Carranza, Kristian	Office sought State Representative District	Office held t 118	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	e Travel Out of District Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 8/8 Rpt: 16/16	Forward Majority Action Texas	00084123		
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE	(a) Cotocony (b)	Description		
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Lujan, John State Representative District 118				
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Jordan Swift, Laurel State Repres	Office held entative District 121		
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Expenditure to benefit C/OH LaHood, Marc State Representative District 121				