FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016696 3 COMMITTEE NAME **OFFICE USE ONLY** Political Action Committee of Winstead PC Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2728 N. Harwood St, Ste 500 Change of Address Dallas, TX 75201-1743 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Katherine R. NAME Date Processed **NICKNAME** LAST **SUFFIX** Kathy Date Imaged Hall CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2728 N. Harwood St, Ste 500 STREET **ADDRESS** (Residence or Business) Dallas, TX 75201-1743 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 500 Winstead Building MAILING **ADDRESS** 2728 N. Harwood St. Change of Address Dallas, TX 75201-1743 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 745-5400 x5269 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME		1	13 Filer ID	(Ethics Commission Filers)
Political Action Comi	mittee of Winstead PC		00016696	i
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	papersonal, and you by party,			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location	А. Зарропец		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted	Scott Brister , (R), Chief Justice Austin	e, Fifteenth (Court of Appeals, Place 1,
	(Identify by name or, if applicable, classify by party.)	Ausuii		
5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA		\$	6,250.00
	`	DGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	O POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST D G PERIOD	DAY \$	25,000.00
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
.6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the a	accompanying report is d to be reported by me
		Mrs. Kathe	rine R Hall	
		Signature of Can		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE	• • •	,	
		, th which, witness my hand and seal of office.	is the	day
01	, 20, to certify \	Milch, withess my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
2.5		and the same of th	5 5. 5111	and the state of t

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Political Action Committee	of Winstead PC			00016696
14 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	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.)		Richard Pena Raymond , (D), T	exas Representative, District 42
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.)		Cheryl Elliott Thornton , (D), Jud County	dge, 164th Civil District Court, Harris
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		Rebeca Clay-Flores , (D), Bexa	r County Commissioner, Precinct 1
	applicable, classify by party.)	<u> </u>		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

					Page 4 of 8
				13 Filer ID	(Ethics Commission Filers)
12 COMMITTEE NAME Political Action Committee of Winstead PC				00016696	(
Candidates (Identify by name or, if applicable, classify by party.)		Gino Rossini	, (R), Candidate, F	I Fifth Court of Ap	ppeals, Place 11
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted		Nathan Johnso	on , (D), Texas Se	enator, District	16
(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 applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed 3. Opposed 3. Opposed 3. 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 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported Nathan Johnson	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 B. Opposed A. Supported Composed A. Supported A. Supported B. Opposed A. Supported A. Supported Composed A. Supported A. Supported Composed B. Opposed A. Supported A. Supported Composed A. Supported A. Supported Composed A. Supported Composed A. Supported A. Supported Composed Composed A. Supported	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 4. Supported B. Opposed 5. Opposed 6. Supported 6. Supported 7. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				5 of 8
		EE NAME ction Committee of Winstead PC	18 Filer ID 00016696	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 6,250.00
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	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/8	
2	FILER NAME Political Action	on Committee of Winstead PC			3	Filer ID (Ethics Commission 00016696	on Filers)
4	Date 10/01/2024	 Full name of contributor out-of-state PA Winstead PC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/03/2024	Full name of contributor out-of-state PA Winstead PC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor out-of-state PA Winstead PC Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,250.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/16/2024	Full name of contributor out-of-state PA Winstead PC Contributor address; City; State; Zip Code Dallas, TX 75201				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/22/2024	Full name of contributor out-of-state PA Winstead PC Contributor address; City; State; Zip Code Dallas, TX 75201	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			<u> </u>				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 7/8	Political Action Committee of Winstead PC 00016696
4 Date	5 Payee name
09/27/2024	Chief Justice Scott Brister Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1005 Congress Ave.
	Suite 400
X Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Gino Rossini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 170122
Ψ2,300.00	FO BOX 170122
X Expenditure from corporate funds	Irving, TX 75017
Corporate failes	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	н
Date	Payee name
10/21/2024	Nathan Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
+ =,000.00	
X Expenditure from corporate funds	Dallas, TX 75367
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 Contributions
Occupation Children	On this to 10 ff a shall do no man
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
3 3 3 3 3 3 3	

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 Comm

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 8/8	Political Action Committee of Winstead PC 00016696
4 Date	5 Payee name
10/07/2024	Rebeca Clay-Flores Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 14321
— Foresaditura franc	
X Expenditure from corporate funds	San Antonio, TX 78214
8 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 Candidate/Officeholder living expense
	Campaign Contributions
O Committee ONII Wife dispert	Out tidate (Office helds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Richard Pena Raymond Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 450349
Expenditure from	
corporate funds	Laredo, TX 78045
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 Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/07/2024	The Cheryl Elliott Thornton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 123
Expenditure from	
corporate funds	Houston, TX 77001
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 Contributions
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	