#### 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) 00015670 3 COMMITTEE NAME **OFFICE USE ONLY** Plumbers Local #68 PAC Date Received **ELECTRONICALLY FILED** 10/25/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8746 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77249-8746 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William A. NAME NICKNAME LAST **SUFFIX** Venable Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 502 Link Rd STREET **ADDRESS** (Residence or Business) Houston, TX 77009 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 8746 MAILING **ADDRESS** Houston, TX 77249-8746 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 869-3592 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)
Plumbers Local #68 PA	AC		00015670	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Annette Ramirez Harris Count	y Tax Assess	or Collector
(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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,336.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	31,100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,672.81
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. William	A. Venable II	
		Signature of Car	mpaign Treasur	rer
AFFIX NOTAR	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, th	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

					Page 3 01 25
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC				00015670	
ACTIVITY (Id	Candidates lentify by name or, if plicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	Measures escribe by date and cation of election and cture of issue.)	A. Supported			
		B. Opposed			
(Id	Officeholders Assisted lentify by name or, if plicable, classify by party.)		Carol Alvarado State Senator		
ACTIVITY	Candidates lentify by name or, if plicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	Measures escribe by date and cation of election and cuture of issue.)	A. Supported			
		B. Opposed			
(Id	Officeholders Assisted lentify by name or, if oplicable, classify by party.)		Dan Patrick Lieutenant Governo	or	
ACTIVITY	Candidates lentify by name or, if uplicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	Measures escribe by date and cation of election and ture of issue.)	A. Supported			
		B. Opposed			
(Id	Officeholders Assisted  lentify by name or, if pplicable, classify by party.)		Brian Birdwell State Senator		

### FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			00015670	
	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			
		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.)		Bryan Hughes State Senator		
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Brandon Creighton State Senato	or	
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Charles Schwertner State Sena	tor	
		applicable, classify by party.)				

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						Fage 3 01 23
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			00015670	
	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			
		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.)		Robert Nichols State Senator		
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		David Spiller State Representati	ive	
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Terry Wilson State Representati	ive	
		applicable, classify by party.)	<u> </u>			

						Page 6 01 25
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			00015670	
į	COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	<ul><li>A. Supported</li><li>B. Opposed</li></ul>			
	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.)		Ken King State Representative		
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Morgan State Representati	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.)				<del>-</del>

				Page 7 01 25
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC			00015670	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part)				
(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 part	y.)	Mihaela Plesa State Representa	itive	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part	A. Supported			
(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 part	y.)	Jeff Leach State Representative		
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part	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 part	y.)	Lacey Hull State Representative		

				Page 8 01 25
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Plumbers Local #68 PAC			00015670	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by participate)	A. Supported			
(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 participate).		ill Metcalf State Representative	e	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par		ent Hagenbuch State Senator		
(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 particular or p	ty.)			
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by particular)	A. Supported			
(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 particular)		red Patterson State Represent	tative	

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12	COMMITTEE NAME							13 Filer ID	(Ethic	cs Commiss	ion Filers)
	Plumbers Local #68 PA	С						00015670			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed C	assandra He	ernandez :	State Re	epresentative			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d							
		2. Measures	A. Support	ed							
		(Describe by date and location of election and nature of issue.)									
			B. Oppose	d							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)									
	COMMITTEE	Candidates	<u> </u>	ed M	larc La Hood	I State Re	nresenta	etive			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			iaio 2a 11000	· Claid 110	procent				
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d							
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed							
			B. Oppose	d							
		Officeholders     Assisted									
		(Identify by name or, if applicable, classify by party.)									
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ed Bi	rent Money	State Rep	resentat	ive			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d							
		2. Measures	A. Support	ed							
		(Describe by date and location of election and nature of issue.)									
			B. Oppose	d							
		3. Officeholders Assisted									
		(Identify by name or, if applicable, classify by party.)									

### FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 F	iler ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			0	00015670	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		AJ Louderback State Repre	esentative	9	
	(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	Mitch Little State Represen	tative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Witer Little State Represen	idive		
	(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				
	(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.)		Stan Lambert State Repres	sentative		

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Plumbers Local #68 PA	С			00015670	
	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			
		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.)		Eric William Carter Harris Count	ty JP, Pct 1, Pl	1
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rex Lindberg Pasadena Mayor		
	(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			
	(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.)		Tiffany Thomas Houston City Co	ouncil Dist F	

### FORM GPAC

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40 OOMMITTEE MANE				40 Files ID	
12 COMMITTEE NAME Plumbers Local #68 PA	C			<b>13</b> Filer ID 00015670	(Ethics Commission Filers)
				00015670	
14 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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted		Christian Menefee Harris County	y Attorney	
	(Identify by name or, if applicable, classify by party.)				

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

				1	3 of 25
		EE NAME Local #68 PAC	<b>18</b> Filer ID 00015670	(Ethics Commission F	-ilers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AM	OUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1	5,336.23
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıR	\$	
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 O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 3	31,100.00
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	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

The Instruction Guide explains how to complete this form.  2 FILER NAME Plumbers Local #68 PAC	Total pages Schedule A1: Sch: 1/1 Rpt: 14/25 Filer ID (Ethics Commission Filers)
Plumbers Local #68 PAC  4 Date   5 Full name of contributor   out-of-state PAC (ID#:) 7   10/03/2024   PLUMBERS LOCAL UNION NO. 68 PAC FUND   6 Contributor address; City; State; Zip Code   Houston, TX 77249	Filer ID (Ethics Commission Filers)
10/03/2024 PLUMBERS LOCAL UNION NO. 68 PAC FUND  6 Contributor address; City; State; Zip Code  Houston, TX 77249	00015670
	Amount of Contribution (\$) \$15,336.23
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	The Instruction Guide explains how to comp	elete this form.
1 Total pages Schedule F1: Sch: 1/11 Rpt: 15/25	2 FILER NAME Plumbers Local #68 PAC	3 Filer ID (Ethics Commission Filers) 00015670
4 Date	5 Payee name	I
10/08/2024	Alvarado Campaign, Carol	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P O Box 230842	
Expenditure from corporate funds	Houston, TX 77223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough  Alvarado, Carol	t Office held State Senator District 6
Date	Payee name	
10/04/2024	Area 5 Democratic Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P O Box 608	
Expenditure from corporate funds	Pasadena, TX 77501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  GOTV drive
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
10/09/2024	Bell Campaign, Keith	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P O Box 1178	
Expenditure from corporate funds	Forney, TX 75126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough  H Bell, Keith	t Office held State Representative District 4

#### SCHEDULE F1

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

**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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 16/25	Plumbers Local #68 PAC	00015670
4 Date	5 Payee name	•
10/09/2024	Birdwell Campaign, Brian	
6 Amount (\$)	7 Payee address; City; State; Zip Code	)
\$1,000.00	P O Box 1111	
Expenditure from corporate funds	Grandbury, TX 76048	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
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	campaign contribution
		outpuig coauc
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/OI		State Senator District 22
D-1-	·	
Date	Payee name	
10/10/2024	Carter Campaign, Eric William	
Amount (\$)	Payee address; City; State; Zip Code	
\$600.00	4900 Fournace Place Ste 560	
Expenditure from		
corporate funds	Bellaire, TX 77401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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
		campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Harris County JP Pct 1, Pl 1
<u> </u>		
Date	Payee name	
10/09/2024	Creighton Campaign, Brandon	
Amount (\$)	Payee address; City; State; Zip Code	9
\$1,000.00	2257 N Loop 336 Ste 140-366	
Expenditure from		
corporate funds	Conroe, TX 77304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) 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
Complete CNII V if direct	Candidate/Officeholder name Office sough	office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•	office held State Senator District 4
	Creignton, Drandon	State Seriatui District 4

#### 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

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: 3/11 Rpt: 17/25	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
10/09/2024	Hagenbuch Campaign, Brent
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2800 Shoreline Dr
Expenditure from corporate funds	Denton, TX 76210
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
	campaign contribution
O Commission ONLY If allowed	Open fields (Office helds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Hagenbuch, Brent State Senator District 30
Date	Payee name
10/10/2024	Hernandez Campaign, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	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
	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/09/2024	Hughes Campain, Bryan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 450
Expenditure from corporate funds	Mineola, TX 75773
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/OI	
	- Suite Condition District I

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/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: 4/11 Rpt: 18/25	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
10/09/2024	Hull Campaign, Lacey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P O Box 19231
Expenditure from corporate funds	Houston, TX 77224
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.
	Candidate/Officeholder/Political Committee
	campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	Hull, Lacey State Representative District
Date	Payee name
10/09/2024	King Campaign, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 1202
Expenditure from corporate funds	Canadian, TX 79014
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	King, Ken State Representative District 88
Date	Payee name
10/10/2024	La Hood Campaign, Marc
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	127 Encino Blanco
·	
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	La Hood, Marc State Representative District 121

#### 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 19/25	Plumbers Local #68 PAC			00015670
4	Date	5 Payee name			•
	10/10/2024	Lambert Campaign, Stan			
6	Amount (\$)	7 Payee address; City; State; Z	ip Co	de	
	\$500.00	P O Box 3752			
	Expenditure from corporate funds	Abilene, TX 79604			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	e)	(b)	Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committe			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Onicenoide//Political Committe	:e		campaign contribution
9	Complete ONLY if direct	Candidate/Officeholder name Offic	e sou	aht	Office held
•	expenditure to benefit C/O			9	State Representative District 71
	Date	Davisa nama			<u> </u>
	10/09/2024	Payee name Leach Campaign, Jeff			
			. 0-	-1-	
	Amount (\$)	Payee address; City; State; Z	ір Со	ae	
	\$500.00	P O Box 866186			
	Expenditure from corporate funds	Plano, TX 75086			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	e)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committe	e		Check if Austin, TX, officeholder living expense campaign contribution
					campaign continuation
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sou	aht	Office held
	expenditure to benefit C/O		,c 30u	giit	State Representative District 67
	Data				<u> </u>
	Date 10/15/2024	Payee name Lindberg Campaign, Rex			
				-1-	
	Amount (\$)	Payee address; City; State; Z	ір Со	ae	
	\$500.00	6503 Saint Jude Dr			
	Expenditure from corporate funds	Pasadena, TX 77505			
	PURPOSE	(a) Category (See Categories listed at the top of this schedul	e)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	e		Check if Austin, TX, officeholder living expense campaign contirbution
					campaign continuation
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sou	abt	Office held
	expenditure to benefit C/O	i .	aden:		
			aucili	۱۷۱ م	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 20/25	Plumbers Local #68 PAC	00015670
4 Date	5 Payee name	•
10/10/2024	Little Campaign, Mitch	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$500.00	1505 Elm St Ste 1601	
Expenditure from corporate funds	Dallas, TX 75201	
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.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense campaign contribution
		campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/OI		resentative District 65
Data	·	
Date	Payee name	
10/10/2024	Louderback Campaign, AJ	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$500.00	P O Box 1792	
Expenditure from corporate funds	Victoria, TX 77902	
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 Ćommittee	Check if Austin, TX, officeholder living expense
		campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	
experiulture to benefit 6, 6,	Louderback, AJ State Repr	resentative District 30
Date	Payee name	
10/23/2024	Menefee Campaign, Christian	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$500.00	P O Box 667204	
Expenditure from corporate funds	Houston, TX 77266	
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.
LA LIBITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		campaign contribution
One of the ONE Vitalian	Office countries (1975)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug  H Menefee, Christian	nt Office held Harris County Attorney
•	Meneree, Christian	Hams County Attorney

#### 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

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: 7/11 Rpt: 21/25	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
10/09/2024	Metcalf Campaign, Will
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P O Box 454
F	
Expenditure from corporate funds	Conroe, TX 77305
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 Campaign contribution
	oampaigh continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Money Campaign, Brent
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2606 Lee St
Expenditure from corporate funds	Greenville, TX 75401
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Money, Brent State Representative District 2
Date	Payee name
10/09/2024	Morgan Campaign, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 248 Ste 130
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Morgan, Matt State Representative District 26

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

sement Solicitation/Fundraising Expense

(rense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 8/11 Rpt: 22/25	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
10/09/2024	NIchols Campaign, Robert
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P O Box 2347
Expenditure from corporate funds	Jacksonville, TX 75766
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
	campaign contribution
O Commission ONLY if dispose	Constitute (Office helder name Office accords
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  H Nichols, Robert State Senator District 3
·	
Date	Payee name
10/09/2024	Patrick, Texans for Dan
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	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.
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Data	
Date 10/10/2024	Payee name
	Patterson Camapign, Jared
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4412 Sapphire Dr
Expenditure from corporate funds	Frisco, TX 75034
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
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	- Santa Tropicocinative District

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		es/Contract Labor OTHER (enter a category not listed above)
	<u>'</u>	<u> </u>
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 23/25	Plumbers Local #68 PAC	00015670
4 Date	5 Payee name	
10/09/2024	Plesa Campaign, Mihaela	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	P O Box 796311	
Expenditure from corporate funds	Dallas, TX 75248	
·		
8 PURPOSE OF	( consistence and the constant)	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if dayer dustide of fexas. Complete Scriedule 1.
	Candidate/Officeriolde/// Officer Committee	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		State Representative District 70
_		
Date	Payee name	
10/04/2024	Ramirez Campaign, Annette	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	19200 Space Center Blvd #2613	
Expenditure from corporate funds	Houston, TX 77032	
PURPOSE		Description
OF	(a) Category (See Categories listed at the top of this schedule)  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
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Harris Coun	ty Tax Assessor
Date	Davida nama	
10/09/2024	Payee name	
	Schwertner Campaign, Charles	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P O Box 2448	
Expenditure from		
corporate funds	Georgetown, TX 78627	
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 ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Schwertner, Charles	State Senator District 5

#### SCHEDULE F1

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

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 24/25	Plumbers Local #68 PAC 00015670
4 Date	5 Payee name
10/09/2024	Spiller Campaign, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P O Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
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.
	Candidate/Officeholder/Political Committee Campaign contribution
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Spiner, Bavia
Date	Payee name
10/10/2024	Texas AFL-CIO COPE
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P O Box 12727
— Forestitus from	
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
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	
Date	Payee name
10/16/2024	Thomas Campaign, Tiffany
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 2271
Expenditure from corporate funds	Alief, TX 77411
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	Thomas, Tiffany Houston City Council Dist F

#### 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		• • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/11 Rpt: 25/25	Plumbers Local #68 PAC	00015670
4	Date	5 Payee name	
	10/09/2024	Wilson Campaign, Terry	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	P O Box 2302	
	Expenditure from corporate funds	Georgetown, TX 78627	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense n contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought  Wilson, Terry	Office held State Representative District 20