#### 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) 00087452 3 COMMITTEE NAME **OFFICE USE ONLY** RESTORE TRUST TEXAS (RTT) Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 26677 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Caitlyn B. NAME NICKNAME LAST **SUFFIX** Tortorici STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 421 Office Park Drive STREET **ADDRESS** (Residence or Business) Mountain Brook, AL 35223 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 421 Office Park Drive MAILING **ADDRESS** Mountain Brook, AL 35223 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (205) 440-2873 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
RESTORE TRUST TE	XAS (RTT)		00087452	
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		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		В. Сррсски		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	23,075.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	46,433.99
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.		
		Mrs. Caitly	n B. Tortorici	
		Signature of Car	mpaign Treası	urer
AFFIX NOTAR)	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tł	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 offi	cer administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			3 of 13
17 COMMIT	FEE NAME	18 Filer ID	(Ethics Commission Filers)
RESTOR	RE TRUST TEXAS (RTT)	00087452	
	LE SUBTOTALS - SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,300.00
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 22,964.55
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 111.38
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 12.96
			•

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDU	JLE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/13	
2	FILER NAME	TRUST TEXAS (RTT)		3	Filer ID (Ethics Commiss 00087452	sion Filers)
4	Date 10/02/2024	5 Full name of contributor out-of-state PAC (ID#:_BRAMNICK, JON 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$11,000.00
•	Dringing ogg	WESTFIELD, NJ 07090 upation / Job title (See Instructions)	9 Employer (See Instructions			
8	ATTORNEY	,	BRAMNICK LAW	s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ HERNANDEZ, JOHN  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	AUSTIN, TX 78702	Employer (See Instructions	<u>''</u>		
	MANAGING	upation / Job title (See Instructions)  PARTNER	Employer (See Instructions CORVUS ADVISORS	·)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ ZEIDMAN, JAY Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	HOUSTON, TX 77027  upation / Job title (See Instructions)	Employer (See Instructions	<u>'</u>		
	MANAGING		ALTITUDE VENTURES			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

1 Total pages Schedule F1: Sch: 1/7 Rpt: 5/13 RESTORE TRUST TEXAS (RTT)  4 Date	
Sch: 1/7 Rpt: 5/13 RESTORE TRUST TEXAS (RTT)  4 Date	
AMERICAN EXPRESS  6 Amount (\$) 7 Payee address; City; State; Zip Code \$644.61 \$00 VESEY STREET  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ÆL,
AMERICAN EXPRESS  6 Amount (\$) 7 Payee address; City; State; Zip Code \$644.61 \$00 VESEY STREET  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ÆL,
\$644.61 200 VESEY STREET    Expenditure from corporate funds   NEW YORK, NY 10285	ÆL,
Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ÆL,
NEW YORK, NY 10285  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Credit Card Payment  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ŒL,
OF EXPENDITURE  Credit Card Payment  Credit Card Payment  Credit Card Payment  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRA DATA AND WEB SERVICES  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ΈL,
Credit Card Payment  Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	ΈL,
PAYMENT OF CREDIT CARD BILL FOR TRADATA AND WEB SERVICES  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	ΈL,
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EL,
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date Payee name	
09/30/2024 ANEDOT	
Amount (\$) Payee address; City; State; Zip Code	
\$4.30 1340 POYDRAS STREET	
STE 1770	
Expenditure from	
Corporate funds NEW ORLEANS, LA 70112	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T.	
CREDIT CARD PROCESSING FEES	
CREDIT CARD PROCESSING FEES	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/07/2024 ANEDOT	
Amount (\$) Payee address; City; State; Zip Code	
\$448.60 1340 POYDRAS STREET	
STE 1770	
Expenditure from	
Corporate funds NEW ORLEANS, LA 70112	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T	
Fees Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
CREDIT CARD PROCESSING FEES	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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	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: 2/7 Rpt: 6/13	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
10/01/2024	BONNEN, GREG (Judge)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	PO BOX 1183	
Expenditure from	FRIENDSWOOD, TX 77549	
corporate funds	· · · · · · · · · · · · · · · · · · ·	_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
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	
	DONATIONS	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
 Date	Payee name	_
10/17/2024	CATCH DIGITAL STRATEGY	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	2714 WASHINGTON STREET	
	#163	
Expenditure from corporate funds	GREENVILLE, TX 75401	
·		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING	
	DIGITAL MEDIA CONSULTING	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	n	
Date	Payee name	
10/18/2024	CROSBY OTTENHOFF GROUP	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,115.00	421 OFFICE PARK DR	
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	COMPLIANCE CONSULTING	
	COMPLICATION OF THE CONTROL OF THE C	
Complete ONU V. C.	Constitute (Office helder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
SAPORIGICATO TO DOTTORIC O/OI	··	

### 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: 3/7 Rpt: 7/13	RESTORE TRUST TEXAS (RTT) 00087452
4 Date	5 Payee name
10/01/2024	GARZA, ROBERT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	2116 VETERANS BLVD
	STE 5
Expenditure from corporate funds	DEL RIO, TX 78840
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.  Check if Austin TX officeholder living supposes
	Candidate/Officeholder/Political Committee
	Bollythone
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/01/2024	GUILLEN, RYAN (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO BOX 1024
Expenditure from corporate funds	AUSTIN, TX 78767
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 TV officeholder living evenese.
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	
Date	Payee name
10/21/2024	HINOJOSA, ADAM
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 18301
Expenditure from corporate funds	CORPUS CHRISTI, TX 78480
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 8/13	RESTORE TRUST TEXAS (RTT) 00087452
4 Date	5 Payee name
10/18/2024	HOLTZMAN VOGEL, PLLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,411.00	15405 JOHN MARSHALL HIGHWAY
Expenditure from corporate funds	HAYMARKET, VA 20169
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	LEGAL CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	<u> </u>
Date	Payee name
10/01/2024	LOPEZ, JANIE
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO BOX 2073
Expenditure from corporate funds	SAN BENITO, TX 78586
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
	DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
10/01/2024	LUJAN, JOHN (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO BOX 14479
Expenditure from corporate funds	SAN ANTONIO, TX 78214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

### 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	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 9/13	RESTORE TRUST TEXAS (RTT)	00087452
4 Date	5 Payee name	<u> </u>
10/25/2024	MINERVA4SHERIFF CAMPAIGN	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1,000.00	PO BOX 12442	
Expenditure from corporate funds	EL PASO, TX 79913	
8 PURPOSE		(b) 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
		DONATIONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
10/04/2024	PINE COVE CAPITAL, LLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$175.00	601 CONGRESS AVE	
	STE 300	
Expenditure from corporate funds	AUSTIN, TX 78701	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overficad/Nertial Experise	Check if Austin, TX, officeholder living expense
		DATA SERVICES
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
10/01/2024	RAMSEY, TOM (Commissioner)	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,500.00	PO BOX 55385	
Expenditure from corporate funds	HOUSTON, TX 77255	
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	Check if Austin, TX, officeholder living expense
		DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	

### 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/Officenoider/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: 6/7 Rpt: 10/13	RESTORE TRUST TEXAS (RTT) 00087452	
4 Date	5 Payee name	
10/10/2024	SENTINEL STRATEGIC ADVISORS, LLC	
6 Amount (\$) \$1,060.00	7 Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW	
Expenditure from corporate funds	STE 700 WASHINGTON, DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FUNDRAISING CONSULTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
10/10/2024	SENTINEL STRATEGIC ADVISORS, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$599.44	1250 CONNECTICUT AVE NW	
	STE 700	
Expenditure from corporate funds	WASHINGTON, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense TRAVEL	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
10/10/2024	SENTINEL STRATEGIC ADVISORS, LLC	
Amount (\$) \$6.60  Expenditure from corporate funds	Payee address; City; State; Zip Code  1250 CONNECTICUT AVE NW  STE 700  WASHINGTON, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  POSTAGE	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed ab  The Instruction Guide explains how to complete this form.	ove)
1 Total pages Schedule F1:		on Filers)
Sch: 7/7 Rpt: 11/13	l l	
4 Date 10/01/2024	5 Payee name	
	TIJERINA, JAIME (Judge)	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 0 PO BOX 55385	
Ψ1,300.00	0 FO BOX 33363	
Expenditure from corporate funds	HOUSTON, TX 77255	
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	
	DONATIONS	
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held /OH	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (E	3 Filer ID (Ethics Commission Filers)		
Sch: 1/1 Rpt: 12/13	RESTORE TRUST	TEXAS (RTT)		00087452		
4 CREDIT CARD ISSUER		ncial institution N EXPRESS	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR	<b> \$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
Expenditure from corporate funds	\$38.38	10/01/2024				
7 PAYEE	(a) Payee name  GOOGLE		(b) Payee address; 1600 AMPHITHEATF		State,	Zip Code
			MOUNTAIN VIEW, C	CA 94043		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description DATA SERVICES			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
Expenditure from corporate funds	\$73.00	10/17/2024	(6, 2000), 200	10000.		
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code
USPS 475			475 L'ENFANT PLAZ	ZA SW		
			WASHINGTON, DC	20260		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description POSTAGE			
X Political	<u> </u>					
Non-Political	<u> </u>	of Texas. Complete Schedule T.		stin, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

	CONTR	SCHEDULE K			
	The Instruction Guide explains how to complete this form.				ages Schedule K: L/1 Rpt: 13/13
2	FILER NAME RESTORE TRUST TEXAS (RTT)		3	Filer II	O (Ethics Commission Filers) 7452
4	Date 10/05/2024	<ul> <li>Name of person from whom amount is received         AMERICAN EXPRESS</li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>			8 Amount (\$) \$12.96
		NEW YORK, NY 10285  7 Purpose for which amount is received	olitio	cal cont	ribution returned to filer