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) 00087048 3 COMMITTEE NAME **OFFICE USE ONLY SEIU Texas PAC** Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4299 San Felipe Street Date Hand-delivered or Date Postmarked Suite 200 Change of Address Houston, TX 77027 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Catalina NAME NICKNAME LAST **SUFFIX** Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4299 San Felipe Street, Suite 200 STREET **ADDRESS** (Residence or Business) Houston, TX 77027 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4299 San Felipe Street, Suite 200 MAILING **ADDRESS** Houston, TX 77027 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 904-9755 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)
SEIU Texas PAC			00087048	ł
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lauren Simmons State Repres	sentative	
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	786.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	105.53
	4. TOTAL POLITICA	L EXPENDITURES	\$	216,606.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	95,955.71
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Catalina	Martinez	
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	l before me, by the said _	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
-	-	Ç		-

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

						Page 3 of 28
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
SEIU Texas PAC					00087048	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sean Teare	District Attorney	,	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Colin Allred	US Senator		
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kamala Harr	is President		
(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.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 28

						rage 4 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	SEIU Texas PAC				00087048	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Averie Bishop State Representa	ative	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Meza State Representativ	re	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jackie Arroyo El Paso County C	Commissioner, F	Precinct 1
	(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.)				
		applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

					Page 5 of 28
				13 Filer ID	(Ethics Commission Filers)
				00087048	
Candidates (Identify by name or, if applicable, classify by party.)					
2. Measures (Describe by date and location of election and nature of issue.)					sc:\$95.6 million to
	B. Opposed				
Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
Candidates (Identify by name or, if applicable, classify by party.)		Christian Menefee	Harris County	y Attorney	
	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.)					
	(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	(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.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	(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 Christian Menefee Christian Menefee A. Supported Christian Menefee B. Opposed A. Supported Christian Menefee B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(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 improve, expand and upgrade comprove, expand a	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 Ballot ID:Prop A Election Date:2024-11-05 Desimprove, expand and upgrade county parks. B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed A. Supported Christian Menefee Harris County Attorney B. Opposed 3. Officeholders Assisted (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

FORM GPAC COVER SHEET PG 3

				O V EI (OI IEI	6 of 28
17 CC	MMITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)
SE	IU Tex	as PAC	00087048		
l	HEDULI ME OF	SUBTOTA	L AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	786.66
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	216,606.54
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
	The Instruction Guide explains how to complete this form.	- 1	Total pages Schedule A1: Sch: 1/1 Rpt: 7/28	
2	FILER NAME SEIU Texas PAC	- 1	Filer ID (Ethics Commission 00087048	Filers)
4	Date 10/16/2024 5 Full name of contributor	7	Amount of Contribution (\$)	\$786.66
	Washington, DC 20036			
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ns)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 1/21 Rpt: 8/28	SEIU Texas PAC		00087048	
4 Date	5 Payee name		1	
10/17/2024	Blanco, Mirna			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$421.88	1535 Fashion Hill Dr			
Expenditure from corporate funds	Houston, TX 77088			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		rel outside of Texas. Complete Schedule T.	
		Staff wages	stin, TX, officeholder living expense	
		Stan wages	,	
9 Complete ONLY if direct	Candidate/Officeholder name Office s	<u> </u>	Office held	
expenditure to benefit C/O				
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	(See Categories listed at the top of this scriedule)	_ `	rel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense	
On and late ONII V if allowed	Out lide to 10 ff and address on the 10 ff and a		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Teare, Sean Harris	ougnt County DA	Office held	
				_
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip	Code		
Expenditure from				
corporate funds		T		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	rel outside of Texas. Complete Schedule T.	
EXPENDITURE		_ L	et outside of Texas. Complete Schedule 1.	
Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held	
expenditure to benefit C/O	Ashley Simmons, Lauren State F	Representative		

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1: Sch: 2/21 Rpt: 9/28	2 FILER NAME SEIU Texas PAC	3 Filer ID (Ethics Commission Filers) 00087048
4 Date	5 Payee name	00007040
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
8 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 expenditure to benefit C/Ol	Candidate/Officeholder name Office so Harris, Kamala US Pres	-
Date	,	
10/04/2024	Payee name Blanco, Mirna	
Amount (\$)	Payee address; City; State; Zip C	ode
\$328.13	1535 Fashion Hill Dr	
Expenditure from corporate funds	Houston, TX 77088	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff wages
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Allred, Colin US Sen	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
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 expenditure to benefit C/OF	Candidate/Officeholder name Office so Harris, Kamala US Pres	

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/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above) pmplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/21 Rpt: 10/28	SEIU Texas PAC	00087048
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
experialitire to beliefit C/Oi	Teare, Sean Harris C	ounty DA
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
experiditure to benefit C/Oi	Ashley Simmons, Lauren State Re	presentative
Date	Payee name	
10/17/2024	Brown, Earlene	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$610.00	3203 Hayes Rd Apt 3105	
Expenditure from corporate funds	Houston, TX 77082	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	-	Check if Austin, TX, officeholder living expense
		Staff wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
3.,50	Allred, Colin US Sena	ALUI

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/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: 4/21 Rpt: 11/28	SEIU Texas PAC 00087048	
4 Date	5 Payee name	_
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H Harris, Kamala US President	
Date	Payee name	_
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Evpanditure from		
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 ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H Teare, Sean Harris County DA	
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	
	Creek if Adduit, 174, Unicerioder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H Ashley Simmons, Lauren State Representative	

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

Candidate/Officeholder/Politica Credit Card Payment	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: 5/21 Rpt: 12/28	SEIU Texas PAC 00087048
4 Date	5 Payee name
10/03/2024	Fair Shot Texas PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100,000.00	1106 Lavaca
Expenditure from corporate funds	Austin, TX 78701
8 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
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
10/24/2024	Fight for Democracy
Amount (\$)	Payee address; City; State; Zip Code
\$50,000.00	1404 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit ever	
Date	Payee name
10/08/2024	Fight for Democracy
Amount (\$)	Payee address; City; State; Zip Code
\$50,000.00	1404 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
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
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

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: 6/21 Rpt: 13/28	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	
10/17/2024	Gomez Jimenez, Janeth	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$843.75	3131 Hayes Rd Apt 108	
Expenditure from corporate funds	Houston, TX 77082	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
_/	Check if Austin, TX, officeholder living expense	
	Staff wages	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H Allred, Colin US Senate	
Date	Payes name	=
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
•		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	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/OI	Harris, Kamala US President	
Date	Payee name	
	(see previous)	
Δ		
Amount (\$)	Payee address; City; State; Zip Code	
- Funanditura from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) O Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
•	Hallis Co DA	
Corme provided by Tevas F	thics Commission was athics state by us Version V/ 1.0 /19da5	1 f 7

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

	Credit Card Payment	The Instruction Guide explains how to co	nplete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 7/21 Rpt: 14/28	SEIU Texas PAC			00087048	
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
_	T Expenditure from					
L	corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	EXPENDITURE				de of Texas. Comp officeholder living	
				,,		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	ld
	expenditure to benefit C/O	Ashley Simmons, Lauren State Re	oresentative			
	Date	Payee name				
	10/04/2024	Gomez Jimenez, Janeth				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$343.75	3131 Hayes Rd Apt 108				
_	T Expenditure from					
L	corporate funds	Houston, TX 77082				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor	—		de of Texas. Comp officeholder living	
			Staff wages	, ,,,,	omoonoido: iiviiig	олронос
			_			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	ld
	expenditure to benefit C/O	Allred, Colin US Sena	te			
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State; Zip Co	de			
_	T Expenditure from					
	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	EXPENDITURE				de of Texas. Comp officeholder living	
					J	•
	Complete ONLY if direct	Candidate/Officeholder name Office sou			Office he	ld
	expenditure to benefit C/O	Harris, Kamala US Presi	dent			

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	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: 8/21 Rpt: 15/28	SEIU Texas PAC 00087048
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	(*)	
г	Expenditure from	
<u> </u>	corporate funds	
8	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.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Teare, Sean District Attorney District Harris
	Date	Dayso namo
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
		(a) a
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	0 1: 0 1 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- componentary to bonom core.	Simmons, Lauren Ashley State Representative
	Date	Payee name
	10/09/2024	J&N Printing & Promotional Items
	Amount (\$)	Payee address; City; State; Zip Code
	\$758.37	2519 Fairway Park Dr
	Ψ130.31	2313 Fallway Falk Di
_	T Expenditure from	
	corporate funds	Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign literature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide	e explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:		·	3 Filer ID (Ethics Commission Filers)
Sch: 9/21 Rpt: 16/28	SEIU Texas PAC		00087048
4 Date	5 Payee name		·
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Harris, Kamala	Office sought US President	Office held
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 to	top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Teafe, Sean	Office sought District Attorne	Office held by District Harris
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 to	top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Simmons, Lauren Ashley	Office sought State Represe	Office held ntative

SCHEDULE F1

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

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.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 17/28	SEIU Texas PAC	00087048
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	l 	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Cleck ii Ausuii	TX, Unicertaider living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H Menefee, Christian	Harris County Attorney
	Date	Payee name	
	10/17/2024	Lewis, Deborah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$902.34	2300 Wilcrest Dr Apt#139	
_	- Evnanditura from		
L	Expenditure from corporate funds	Houston, TX 77042	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Corntact Eabor	outside of Texas. Complete Schedule T.
		Staff wages	TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Allred, Colin US Senate	
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	l <u> </u>	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Gleck ii Alesani	TA, officeroaci wing expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Harris, Kamala US President	

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	l Committee Legal Services Sa The Instruction Guide explains how		s/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 18/28	SEIU Texas PAC		00087048
4	Date	5 Payee name (see previous)		
_	Amount (\$)		n Codo	
6	Amount (\$)	7 Payee address; City; State; Z	p Code	
	Expenditure from corporate funds			
8	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
9	Complete ONLY if direct expenditure to benefit C/OI	11	e sought is Co D <i>i</i>	
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Z	p 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 expenditure to benefit C/OI	1.1	e sought e Repres	Office held sentative
	Date	Payee name		
	10/04/2024	Lewis, Deborah		
	Amount (\$) \$437.50	Payee address; City; State; Z 2300 Wilcrest Dr Apt#139	p Code	
	Expenditure from corporate funds	Houston, TX 77042		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff wages
	Complete ONLY if direct expenditure to benefit C/OI		e sought Senate	Office held
			3	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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 The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 19/28	SEIU Texas PAC	00087048
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	Expenditure from		
L	corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense
		Crieck ii Austin, 1.	A, Unicertainer living expense
9	Complete ONLY 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	
	7 mileana (4)	. ayoo aaa.ooo,	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	side of Texas. Complete Schedule T.
	EXPENDITURE		X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/Or	Simmons, Lauren Ashley State Representative	
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel out	side of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, T.	X, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		
		Significantly District Hurr	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 13/21 Rpt: 20/28	SEIU Texas PAC		00087048
4 Date	5 Payee name		
10/04/2024	Medrano, Paloma		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
\$177.98	1090 Lang Rd Apt 2101		
Expenditure from corporate funds	Portland, TX 78374		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE	Salaries/Wages/Contract Labor	. <u>–</u>	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Staff wages	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Allred, Colin	US Senate	
Date	Payee name		
- 13	(see previous)		
Amount (\$)		ite; Zip Code	
γιιτομπι (Φ)	r dyce dddress, Sity, Sit	iie, zip oode	
Expenditure from corporate funds			
<u> </u>	(4) 0	(h)	
PURPOSE OF	(a) Category (See Categories listed at the top of this	·	vel outside of Texas. Complete Schedule T.
EXPENDITURE		I <u>—</u>	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Harris, Kamala	US President	
Date	Payee name		
10/17/2024	Medrano, Paloma		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
\$518.47	1090 Lang Rd Apt 2101		
Expenditure from corporate funds	Portland, TX 78374		
PURPOSE	(a) Category (See Categories listed at the top of this		
OF EXPENDITURE	Salaries/Wages/Contract Labor		/el outside of Texas. Complete Schedule T.
		Staff wages	stin, TX, officeholder living expense
		Stan wages	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O			Omoo notu
l '	H Allred, Colin	US Senate	
<u> </u>	H Allred, Colin	US Senate	
<u> </u>	H Allred, Colin	US Senate	

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/21 Rpt: 21/28	SEIU Texas PAC	00087048
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	nde
γ mount (ψ)	Trayer address, Sity, State, Zip S	
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ıqht Office held
expenditure to benefit C/OI		-
Date		
10/17/2024	Payee name	
	Saenz, Victoria	
Amount (\$)	Payee address; City; State; Zip C	ode
\$531.25	246 Easy Way	
Expenditure from		
corporate funds	El Paso, TX 79932	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff wages
Commission ONII V if dispose	Canadidata/Officabalday nama	Light Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Harris, Colin US Sena	
	Harris, Collin	aic .
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	
expenditure to benefit C/OI	Harris, Kamala US Pres	ident

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	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: 15/21 Rpt: 22/28	SEIU Texas PAC 00087048
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from	
<u>_</u>	Corporate funds	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	Arroyo Butler, Jackie El Paso County Commissioner
	Date	Payee name
	10/04/2024	Saenz, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.25	246 Easy Way
_	Typonditure from	
	Expenditure from corporate funds	El Paso, TX 79932
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff wages
		Stan wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	γ πιιοσιιά (ψ)	Tayoo aaaloos, Cig, Ciac, Lip Coac
	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	

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

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: 16/21 Rpt: 23/28	SEIU Texas PAC	00087048
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	nde
γ πισαπε (φ)	Trayor address, Sky, State, Elp Sc	
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel cutoide of Tayon Complete Schedule T
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	Arroyo Butler, Jackie El Paso (County Commissioner
Date	Payee name	
10/16/2024	Texas For All	
	Payee address; City; State; Zip Co	ndo.
Amount (\$) \$7,500.00	·	ue
\$7,500.00	700 S. Zarzamora, Ste. 212	
Expenditure from		
corporate funds	San Antonio, TX 78207	
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 Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Dues contribution
		2000 00111113011011
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		g.n. C.noc no.u
Data	Davis marine	
Date 10/04/2024	Payee name Vazquez, Teresa	
Amount (\$)	Payee address; City; State; Zip Co	de
\$343.75	4220 Pasadena Blvd 69	
Expenditure from		
corporate funds	Pasadena, TX 77503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff wages
		Julii Wayes
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		
	, od, oomiii	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nse Travel in District
ense Travel Out of District
ense OTHER (enter a ca

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/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: 17/21 Rpt: 24/28	SEIU Texas PAC 00087048
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	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/OI	Teare, Sean District Attorney District Harris
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	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
experiorale to beliefft C/OI	Ashley Simmons, Lauren State Representative

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

Credit Card Paym	nent	The In	struction Guide e	xplains how to co	omple	ete this form.			,
1 Total pages Sc	chedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commis	sion Filers)
Sch: 18/21 R	pt: 25/28	SEIU Texas PAC					00087048		
4 Date		5 Payee name				·			
10/17/2024		Vazquez, Teresa							
6 Amount (\$)		7 Payee address;	City;	State; Zip C	ode				
	\$725.00	4220 Pasadena E	Blvd 69						
Expenditure fro corporate funds		Pasadena, TX 77	503						
8 PURPOSE		(a) Category (See Categ	ories listed at the top o	of this schedule)	(b)	Description			
OF EXPENDITUR	RE	Salaries/Wages/0	Contract Labor			Check if travel outs			
						Check if Austin, TX Staff wages	, officenoider living	expense	
						Otali Wagoo			
9 Complete ONL	Y if direct	Candidate/Officehold	er name	Office so	<u>I</u> ught		Office he	eld	
expenditure to	benefit C/OI	¹ Allred, Colin		US Sena	ate				
Date		Payee name							
		(see previous)							
Amount (\$)		Payee address;	City;	State; Zip C	ode				
Expenditure fro corporate funds									
PURPOSE		(a) Category (See Categ	ories listed at the top of	of this schedule)	(b)	Description			
OF EXPENDITUR	RF	2 7 (,		Check if travel outsi			
EXI ENDITO						Check if Austin, TX	, officeholder living	expense	
Complete ONL	Y if direct	Candidate/Officehold	er name	Office so	<u>l</u> uaht		Office he	eld	
expenditure to				US Pres		t			
Date		Payee name							
Batto		(see previous)							
Amount (\$)		Payee address;	City;	State; Zip C	ode				
7 11110 2111 (4)		. ayoo aaa.ooo,	J.,	otato, z.p o	-				
Expenditure fro corporate funds									
PURPOSE		(a) Category (See Categ	ories listed at the top of	of this schedulo)	(b)	Description			
OF		(See Caley	ones listed at the top t	or triis scriedule)	(-,	Check if travel outs	ide of Texas. Com	plete Schedule T.	
EXPENDITUR	KE					Check if Austin, TX	, officeholder living	expense	
Complete Chill	V if direct	Candidate/Officehold	or name	Office	Jaht L		Office he	ald.	
Complete <u>ONL</u> expenditure to				Office so		sentative	Office ne	iu	
		, Sincy Similoris, t		Sidic No	, p. 03				

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: 19/21 Rpt: 26/28	SEIU Texas PAC 00087048						
4 Date	5 Payee name						
	(see previous)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
Expenditure from corporate funds							
8 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.						
EXI ENDITORE	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	Teare, Sean District Attorney District Harris						
Date	Payee name						
10/04/2024	Williams, Shawnya						
Amount (\$)	Payee address; City; State; Zip Code						
\$516.73	1903 Place Rebecca Ln Unit S10						
Ψ010.70	1000 Fidde Nobellou Ell Ollit C10						
Expenditure from							
corporate funds	Houston, TX 77090						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense						
	Staff wages						
Operation ONLY if allowed	On didn't 10ff a halden game.						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Allred, Colin US Senate						
	Allieu, Collii OS Seriale						
Date	Payee name						
	(see previous)						
Amount (\$)	Payee address; City; State; Zip Code						
Expenditure from corporate funds							
PURPOSE	(a) Cotagon.						
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH Harris, Kamala US President							

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	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: 20/21 Rpt: 27/28	SEIU Texas PAC 00087048				
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Teare, Sean District Attorney District Harris				
	Date	Payee name				
	Date	(see previous)				
	A (A)					
	Amount (\$)	Payee address; City; State; Zip Code				
_	T Expenditure from					
	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Simmons, Lauren Ashley State Representative				
	Date	Payee name				
	10/17/2024	Williams, Shawnya				
	Amount (\$)	Payee address; City; State; Zip Code				
\$1,385.86 1903 Place Rebecca Ln Unit S10						
	T Expenditure from					
	corporate funds	Houston, TX 77090				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Staff wages				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH Allred, Colin US Senate						

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

Credit Care	d Payment	The Instructi	ion Guide explains how to co	omplete this form.	(, .		
	ges Schedule F1: /21 Rpt: 28/28	2 FILER NAME SEIU Texas PAC	<u>-</u>	[:	3 Filer ID 00087048	(Ethics Commission Filers)		
4 Date		5 Payee name (see previous)						
6 Amount (ture from	7 Payee address; City;	State; Zip C	ode				
8 PURF O EXPENI	POSE OF	(a) Category (See Categories lis	ted at the top of this schedule)	ı <u>—</u>	utside of Texas. Comp			
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder nar H Harris, Kamala	me Office soil US Pres		Office he	eld		
Date		Payee name (see previous)						
Amount (ture from e funds	Payee address; City; (a) Category (See Categories lis		(b) Description				
O EXPENI	F	(See Categories its	ieu ai ine iop oi inis scriedule)	Check if travel or	utside of Texas. Comp			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Teare, Sean District Attorney District Harris							
Date		Payee name (see previous)						
Amount (ture from	Payee address; City;	State; Zip C	ode				
PURF O EXPENI	F	(a) Category (See Categories lis	ted at the top of this schedule)		utside of Texas. Comp			
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder nar H Simmons, Lauren Ashle		ught epresentative	Office he	eld		
			•					