### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

3       COMMITTEE NAME Hospitality Health ER Political Action Committee       OFFICE USE ONLY Use recensed LECTRONICCLUY FILED 1028/2024         4       COMMITTEE ADDRESS       ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE 709 Red Sails       Date Noted atloated at Date Noted monted to the Noted atloated at Date Noted to the Noted at Date Noted to the Noted Monted at Date Noted to the Noted Noted Noted to the Noted Noted Noted Noted Noted to the Noted Noted Noted to the Noted Noted Noted Noted to the Noted Noted Noted Noted to the Noted Noted Noted Noted Noted to the Noted Noted Noted Noted to the Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Noted Note	The GPAC Instruction Guide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)         00085016					2 Total pages filed: 5		
Hospitality Health ER Political Action Committee     Date Notified ELECTRONICALLY FILED 10/28/2024       4     COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Compose Attension     Date Notified The Political Action of Date Political Action of Politer aconteparation of Political Action of Political Action of Pol	3	COMMITTEE NAME					OFFICE USE ON	ΙY
4       COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Display of Address Horseshoe Bay, TX 78657       LEECTRONICALLY FILED 1028/2024         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST Jeffery A.       MI         5       CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE       SUFFIX         6       CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       NICKNAME       LAST Addicks         709 Red Sails       Appression         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE         709 Red Sails       APT / SUITE #; CITY; STATE; ZIP CODE     <		Hospitality Health	ER Political Action Committee					
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TREASURER PHONE       (713) 703-0314         9       REPORT TYPE         1       January 15         3       30th day before election         1       July 15         10       PERIOD COVERED         07/08/2024       THROUGH         11       ELECTION DATE Month         11       ELECTION DATE Month         11/05/2024       X         Primary       Runoff         11/05/2024       General         Special       Other		Change of Address	Bellaire, TX 77401					
PHONE       (713) 703-0314         9 REPORT TYPE       January 15       30th day before election       Dissolution (Attach PAC-DR)         July 15       X       8th day before election       10th day after campaign treasurer termination         10 PERIOD COVERED       Month       Day       Year         07/08/2024       THROUGH       10/26/2024         11 ELECTION       ELECTION DATE Month       ELECTION DATE Month       ELECTION TYPE Day         Month       Day       Year         11/05/2024       X       Primary         General       Special	8		AREA CODE PHONE NUMBER	EXT	ENSION			
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Io       PERIOD COVERED       Month       Day       Year       Month       Day       Year         10       PERIOD COVERED       Month       Day       Year       Month       Day       Year         11       ELECTION DATE       ELECTION DATE       ELECTION TYPE         Month       Day       Year       Image: Primary       Image: Runoff       Other         11/05/2024       Image: General       Special       Special       Image: Special         GO TO PAGE 2			× 8th	n da	y before election			surer
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11 ELECTION     ELECTION DATE     ELECTION TYPE       Month     Day     Year     Image: Primary       11/05/2024     General     Special	10							
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Month Day Year Runoff Other 11/05/2024 Special GO TO PAGE 2	11				ELECT			
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## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
Hospitality Health ER P	olitical Action Committe	e	000	85016	
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	N	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOAN	S)	\$	45,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY	\$	54,581.00
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
16 AFFIDAVIT	•				
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
		1-44		-1	
			ery A. Addie of Campaign		ar
		Signature	n Campaign	ireasule	21 
	STAMP / SEAL ABOVE				
			, this the _		day
of	_, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	e of office	r administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us			Version V4.1.0.48da51f7

### FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME18 Filer IDHospitality Health ER Political Action Committee00085016			(Ethics Commission Filers)			
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 45,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	R	\$				
5.	TION OR	\$				
6.	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	<b>\$</b> 5,000.00			
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 CONTRIBUTIO	DNS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

**SUBTOTALS - GPAC** 

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Hospitality Health ER Political Action Committee 00085016 5 Full name of contributor 4 Date out-of-state PAC (ID#: Amount of Contribution (\$) 7 10/02/2024 \$45,000.00 Longview ER Operations, LLC 6 Contributor address; City; State; Zip Code Baytown, TX 77521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reinbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Gitf/Awards/Memorials Expense         Printing Expense         Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 5/5	Hospitality Health ER Political Action Committee 00085016				
4 Date	5 Payee name				
10/24/2024	Harris-Davila, Caroline (The Honorable)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	PO Box 700				
Expenditure from corporate funds	Round Rock, TX 78680				
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/23/2024	Hull, Lacey (The Honorable)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 19231				
Expenditure from corporate funds	Houston, TX 77224				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution.     </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				