

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00016075 | <b>2</b> Total pages filed:<br>13 |
| <b>3</b> COMMITTEE NAME<br>Texas Motor Transportation Association TRUCKPAC                    |  | <b>OFFICE USE ONLY</b>                                      |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>10/28/2024         |                                   |
|   |  | Date Hand-delivered or Date Postmarked                      |                                   |
|   |  | Receipt #   | Amount                            |
|   |  | Date Processed  |                                   |
|   |  | Date Imaged   |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1103 Sabine St<br><br>Austin, TX 78701   |   |                                   |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. John<br><br>NICKNAME LAST SUFFIX<br>Esparza  |   |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br><small>(Residence or Business)</small>      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1103 Sabine St<br><br>Austin, TX 78701  |   |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>510 W. 15th St<br><br>Austin, TX 78701   |   |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 478-2541   |   |                                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>10/01/2024      10/26/2024  |   |                                   |
| <b>11</b> ELECTION  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |   |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Texas Motor Transportation Association TRUCKPAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016075 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 7,750.00   |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 25,000.00  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 115,500.82 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John Esparza  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Motor Transportation Association TRUCKPAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016075 |
| <b>19 SCHEDULE SUBTOTALS</b>  |   | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 7,750.00   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 25,000.00  |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/13        |
| <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075       |
| <b>4</b> Date<br>10/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Faschingbauer, Marcia (Mrs.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77023 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>President |   | <b>9</b> Employer (See Instructions)<br>Excargo Services, Inc. |
| Date<br>10/14/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hutson, Courtney (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Deer Park, TX 77536-4432                  | Amount of Contribution (\$)<br><br>\$250.00                    |
| Principal occupation / Job title (See Instructions)<br>Management         |   | Employer (See Instructions)<br>Genox Transportation            |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mathews, Kevin (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Deer Park, TX 77536                         | Amount of Contribution (\$)<br><br>\$500.00                    |
| Principal occupation / Job title (See Instructions)<br>President          |   | Employer (See Instructions)<br>Genox Transportation            |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McDowell, Robert (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77029                         | Amount of Contribution (\$)<br><br>\$500.00                    |
| Principal occupation / Job title (See Instructions)<br>President          |   | Employer (See Instructions)<br>W. M. Dewey & Son, Inc.         |
| Date<br>10/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Polk, Jackie<br><hr/> Contributor address; City; State; Zip Code<br><br>Lufkin, TX 75901                                    | Amount of Contribution (\$)<br><br>\$500.00                    |
| Principal occupation / Job title (See Instructions)<br>President          |   | Employer (See Instructions)<br>Lee Transervices                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                     |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/13                   |
| <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075                  |
| <b>4</b> Date<br>10/15/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Price, David (Mr.) | <b>7</b> Amount of Contribution (\$)                                      |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77024                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Management           |   | <b>9</b> Employer (See Instructions)<br>United Petroleum Transports, Inc. |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roesler, Mark (Mr.)         | Amount of Contribution (\$)   |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77013   |   |
| Principal occupation / Job title (See Instructions)<br>Vice President / Area Manager |   | Employer (See Instructions)<br>Acme Truck Line, Inc.                      |
| Date<br>10/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roesler, Mark (Mr.)         | Amount of Contribution (\$)   |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77013   |   |
| Principal occupation / Job title (See Instructions)<br>Vice President / Area Manager |   | Employer (See Instructions)<br>Acme Truck Line, Inc.                      |
| Date<br>10/14/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sowell, Justin (Mr.)        | Amount of Contribution (\$)   |
|  | Contributor address; City; State; Zip Code<br><br>Lufkin, TX 75901  |   |
| Principal occupation / Job title (See Instructions)<br>Sales Associate               |   | Employer (See Instructions)<br>Lee TranServices                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/8 Rpt: 6/13   | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075   |
| <b>4</b> Date<br>10/24/2024   | <b>5</b> Payee name<br>Bell, Cecil (Rep.)   |  |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>18230 FM1488, Ste 302<br><br>Magnolia, TX 77354  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/21/2024  | Payee name<br>Canales, Terry (Rep.)   |  |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>101 North 10th Avenue<br>Suite B<br>Edinburg, TX 78541  |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/25/2024  | Payee name<br>Cortez, Philip (Rep.)   |  |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>2600 SW Military Dr, Ste 211<br><br>San Antonio, TX 78224   |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/8 Rpt: 7/13   | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075   |
| <b>4</b> Date<br>10/23/2024   | <b>5</b> Payee name<br>Cunningham, Charles (Rep.)   |  |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>110 W Main Street<br><br>Humble, TX 77338  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/04/2024  | Payee name<br>Gervin-Hawkins, Barbara (Rep.)  |  |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>3503 NE Parkway<br><br>San Antonio, TX 78218  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/21/2024  | Payee name<br>Hall, Bob (Sen.)  |  |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>17585 State Highway 19<br>Suite 200<br>Canton, TX 75103   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/8 Rpt: 8/13   | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075   |
| <b>4</b> Date<br>10/24/2024   | <b>5</b> Payee name<br>Hernandez, Ana (Rep.)  |  |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1233 Mercury Drive<br><br>Houston, TX 77029  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>10/01/2024  | Payee name<br>Howard, Donna (Rep.)  |  |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 2910<br><br>Austin, TX 78768   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>10/23/2024  | Payee name<br>Howard, Donna (Rep.)  |  |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 2910<br><br>Austin, TX 78768   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/8 Rpt: 9/13 | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/18/2024 | <b>5</b> Payee name<br>Hunter, Todd (Rep.) |
|-----------------------------|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>15217 South Padre Island Drive, Ste 205<br><br>Corpus Christi, TX 78418 |
|---|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>10/17/2024 | Payee name<br>Isaac, Carrie (Rep.) |
|--------------------|------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>100 Commons Road<br>#7-125<br>Dripping Springs, TX 78620 |
|--|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>10/16/2024 | Payee name<br>Lujan, John (Rep.) |
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| Amount (\$)<br>\$3,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>20003 FM 1937<br><br>San Antonio, TX 78221 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

|  |  |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 5/8 Rpt: 10/13 | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075 |
|--|--|--|

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|-----------------------------|---|
| <b>4</b> Date<br>10/21/2024 | <b>5</b> Payee name<br>Martinez, Armando (Rep.) |
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|---|---|
| <b>6</b> Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>914 W Pike Blvd<br><br>Weslaco, TX 78596 |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|---------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>10/10/2024 | Payee name<br>McLaughlin, Don (Mr.) |
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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 1707<br><br>Uvalde, TX 78802 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|-------------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>10/24/2024 | Payee name<br>Meyer, Morgan (Rep.) |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>3131 Mckinney Avenue<br>649<br>Dallas, TX 75204 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

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|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/8 Rpt: 11/13  | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075   |
| <b>4</b> Date<br>10/25/2024   | <b>5</b> Payee name<br>Parker, Tan (Rep.)   |  |
| <b>6</b> Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>800 Parker Square, Ste 245<br><br>Flower Mound, TX 75028   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/22/2024  | Payee name<br>Perez, Mary Ann (Rep.)  |  |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>101 S. Richey Street<br>Ste F<br>Pasadena, TX 77506   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/09/2024  | Payee name<br>Romero, Ramon (Rep.)  |  |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3663 Airport Freeway<br>Ste 102<br>Fort Worth, TX 76111   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

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|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/8 Rpt: 12/13  | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075   |
| <b>4</b> Date<br>10/15/2024   | <b>5</b> Payee name<br>Schofield, Michael (Rep.)  |  |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1550 Foxlake Drive<br>Ste 120<br>Houston, TX 77084   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/07/2024  | Payee name<br>Schoolcraft, Alan (Mr.)   |  |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>8647 FM 725<br><br>McQueeney, TX 78123  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/21/2024  | Payee name<br>Tepper, Carl (Rep.)   |  |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>6515 68th Street<br>Ste 200-7<br>Lubbock, TX 79424  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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.

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|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/8 Rpt: 13/13 | <b>2</b> FILER NAME<br>Texas Motor Transportation Association TRUCKPAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016075 |
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|-----------------------------|---|
| <b>4</b> Date<br>10/24/2024 | <b>5</b> Payee name<br>Thompson, Senfronia (Rep.) |
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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10527 Homestead Road<br><br>Houston, TX 77016 |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|---------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>10/22/2024 | Payee name<br>Virdell, Wes (Mr.) |
|--------------------|----------------------------------|

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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 147<br><br>Brady, TX 76825 |
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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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