#### 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) 00084495 3 COMMITTEE NAME **OFFICE USE ONLY Texas Now PAC** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 341027 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Shannon NAME NICKNAME LAST **SUFFIX** Rusing STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd, Bldg E-100 STREET **ADDRESS** (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 217-3303 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** 07/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 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)
Texas Now PAC			0008449	5
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Com	nmissioner	
(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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,000,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,167,610.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	286,342.02
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Shan	non Rusing	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, ti	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC ADDENDUM

Page 3 of 21

T <b>14</b> C A	COMMITTEE NAME Fexas Now PAC				13 Filer ID	(Ethics Commission Filers)
<b>14</b> (						
<u>A</u> (4	2014147777				00084495	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Lujan State Representativ	е	
	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	sentative	
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila State Re	presentative	
p	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 01 21
			13 Filer ID	(Ethics Commission Filers)
			00084495	
1. Candidates (Identify by name or, if applicable, classify by party.)		Janie Lopez State Representation	ve	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos State Represe	entative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
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.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by date and location of election and nature of issue.)	(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.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	(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 Denise Villalobos State Represe (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Denise Villalobos State Represe (Identify by name or, if applicable, classify by party.)  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  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  Denise Villalobos State Representative  Denise Villalobos State Representative  A. Supported  Denise Villalobos State Representative  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			5 of 21
17 COMMIT		<b>18</b> Filer ID 00084495	(Ethics Commission Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM 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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 1,167,610.84
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	\$

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete tl	his form.		Total pages Schedule A1: Sch: 1/1 Rpt: 6/21
2	FILER NAME Texas Now	EILER NAME Texas Now PAC			Filer ID (Ethics Commission Filers) 00084495
4	Date 09/27/2024  5 Full name of contributor out-of-state PAC (ID#:) Apache Corporation  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$250,000.00
		Houston, TX 77056-4400			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)	
	Date 09/27/2024	Full name of contributor out-of-state PAC Chevron Contributor address; City; State; Zip Code	(ID#:)	-	Amount of Contribution (\$) \$250,000.00
		San Ramon, CA 94583			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
	Date 09/27/2024	Full name of contributor out-of-state PAC Valero Services, Inc.  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$) \$500,000.00
	Principal occu	San Antonio, TX 78269-6000  pation / Job title (See Instructions)	Employer (See Instructions	ıs)	

### 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 Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	OTTLEN (etitet a category not ilsted above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 7/21	Texas Now PAC		00084495
4 Date	5 Payee name		•
09/27/2024	Cygnal		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$205,300.00	900 17th St NW, Suite 950		
Expenditure from corporate funds	Washington, DC 20006		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense	I <u>—</u>	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
		Political Surv	
		. 5	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>  aht	Office held
expenditure to benefit C/OI		agrit.	Office field
D-1-			
Date	Payee name		
10/09/2024	Drive Public Affairs		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$141,679.66	342 East Bay Street		
Expenditure from			
corporate funds	Charleston, SC 29401		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
EXPENDITORL			ı, TX, officeholder living expense
		Digital Adver	tising
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	•	Office held
	<sup>1</sup> Craddick, Christi Railroad	Commissioner	Railroad Commissioner
Date	Payee name		
10/09/2024	Drive Public Affairs		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$31,421.88	342 East Bay Street		
Expenditure from corporate funds	Charleston, SC 29401		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Advertising Expense		outside of Texas. Complete Schedule T.
EXPENDITURE	raterioning Expenses	Check if Austin	, TX, officeholder living expense
		Display Medi	a Buy
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
expenditure to benefit C/OI	<sup>1</sup> Lujan, John State Re	presentative Distr	ict 118 State Representative District

### SCHEDULE F1

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

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

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

	I ne instruction Guide e	xpiains now to com	piete this form.	
1 Total pages Schedule F1: Sch: 2/15 Rpt: 8/21	2 FILER NAME Texas Now PAC			Filer ID (Ethics Commission Filers) 00084495
4 Date	5 Payee name		I	
10/09/2024	Drive Public Affairs			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	9	
\$31,421.88	342 East Bay Street			
Expenditure from corporate funds	Charleston, SC 29401			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	<b>=</b>	le of Texas. Complete Schedule T. officeholder living expense Jy
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough		Office held
expenditure to benefit C/OI	Hautton, Angie Chen	State Repr	esentative District 1	.12 State Representative District
Date	Payee name			
10/09/2024	Drive Public Affairs			
Amount (\$)	Payee address; City;	State; Zip Code	9	
\$31,421.88	342 East Bay Street			
Expenditure from corporate funds	Charleston, SC 29401			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	ш	le of Texas. Complete Schedule T. officeholder living expense LIY
Complete ONLY if direct	Candidate/Officeholder name	Office sough		Office held
expenditure to benefit C/Oł	Harris Davila, Caroline	State Repr	esentative District 5	52 State Representative District 52
Date	Payee name			
10/09/2024	Drive Public Affairs			
Amount (\$) \$31,421.88	Payee address; City; 342 East Bay Street	State; Zip Code		
Expenditure from corporate funds	Charleston, SC 29401			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	D) Description	
EXPENDITURE	Advertising Expense			le of Texas. Complete Schedule T. officeholder living expense U <b>y</b>
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough		Office held
experiulture to beliefit 6/6/	Lopez, Janie	State Repr	esentative District 3	37 State Representative District 37

### SCHEDULE F1

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

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

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: 3/15 Rpt: 9/21	Texas Now PAC	00084495
4 Date	5 Payee name	
10/09/2024	Drive Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip	o Code
\$31,421.87	342 East Bay Street	
Expenditure from		
corporate funds	Charleston, SC 29401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Display Media Buy
		Display Media Bay
9 Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI	i .	Representative District 34 TULOSO-MIDWAY SCHOOL
Date	Payee name	
10/09/2024	Drive Public Affairs	
Amount (\$)	Payee address; City; State; Zip	n Code
\$5,144.84	342 East Bay Street	Code
Ψ5,144.04	342 Last Bay Street	
Expenditure from corporate funds	Charleston, SC 29401	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Texting Service
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI	<sup>1</sup> Lujan, John State	Representative District 118 State Representative District
Date	Payee name	
10/09/2024	Drive Public Affairs	
Amount (\$)	Payee address; City; State; Zip	) Code
\$5,144.84	342 East Bay Street	
·	ŗ	
Expenditure from corporate funds	Charleston, SC 29401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		Texting Service
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI		Representative District 112 State Representative District
	,	

### 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 e	xplains how to complete th	is form.	(,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer	ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 10/21	Texas Now PAC		0008	84495
4 Date	5 Payee name			
10/09/2024	Drive Public Affairs			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$5,144.84	342 East Bay Street			
Expenditure from corporate funds	Charleston, SC 29401			
8 PURPOSE OF	(a) Category (See Categories listed at the top of			
EXPENDITURE	Advertising Expense		Check if travel outside of To Check if Austin, TX, officeh	exas. Complete Schedule T.
			ting Service	older living expense
			g 20.1.00	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/OI		•		State Representative District 52
Date	Payee name			
10/09/2024	Drive Public Affairs			
Amount (\$)	Payee address; City;	State; Zip Code		
\$5,144.84	342 East Bay Street			
Expenditure from corporate funds	Charleston, SC 29401			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Des	cription	
OF	Advertising Expense		•	exas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeh	older living expense
		Tex	ting Service	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/OI	T Lopez, Janie	State Representa	ative District 37	State Representative District 37
Date	Payee name			
10/09/2024	Drive Public Affairs			
Amount (\$)	Payee address; City;	State; Zip Code		
\$5,144.83	342 East Bay Street			
. ,	,			
Expenditure from corporate funds	Charleston, SC 29401			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Des	crintion	
OF	Advertising Expense		•	exas. Complete Schedule T.
EXPENDITURE	Advertising Expense		Check if Austin, TX, officeh	older living expense
		Tex	ting Service	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	(	Office held
expenditure to benefit C/OI	<sup>H</sup> Villalobos, Denise	State Representa	ative District 34	TULOSO-MIDWAY SCHOOL

### 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

Credit Card F dyment	The Instruction Guide e	explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 5/15 Rpt: 11/21	Texas Now PAC			00084495	
4 Date	5 Payee name			•	
10/09/2024	Drive Public Affairs				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$25,486.76	342 East Bay Street				
Expenditure from corporate funds	Charleston, SC 29401				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense			outside of Texas. Co	
			Texting Serv		<b>3</b> • <b>F</b> • • •
			_		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	neld
expenditure to benefit C/O	<sup>H</sup> Craddick, Christi	Railroad (	Commissioner	Railroa	ad Commissioner
Date	Payee name				
10/09/2024	Mammoth Marketing Group				
Amount (\$)	Payee address; City;	State; Zip Co	10		
\$136,164.15	4500 Bissonnet St., Ste. 370	State, Zip Co	uc		
Ψ130,104.13	4500 bissormer St., Stc. 570				
Expenditure from corporate funds	Bellaire, TX 77401				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		ш	outside of Texas. Co	
				n, TX, officeholder livir rinting/Process	
			2001		omigri octago
Complete ONLY if direct	Candidate/Officeholder name	Office sou	nht	Office h	neld
expenditure to benefit C/O			Commissioner		ad Commissioner
Doto	T .				
Date 10/10/2024	Payee name  Mammoth Marketing Group				
		0: 1 7' 0			
Amount (\$)	Payee address; City;	State; Zip Co	ae		
\$21,000.84	4500 Bissonnet St., Ste. 370				
Expenditure from					
corporate funds	Bellaire, TX 77401				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense			outside of Texas. Con	
			ш	sing Production	• •
				•	Ü
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	neld
expenditure to benefit C/O					Representative District
		<u> </u>			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide exp	lains how to co	mple	ete this form.	(••	· • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME			3 File	er ID	(Ethics Commission Filers)
	Sch: 6/15 Rpt: 12/21	Texas Now PAC			00	084495	
4	Date	5 Payee name					
	10/10/2024	Mammoth Marketing Group					
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode			
	\$21,000.84	4500 Bissonnet St., Ste. 370					
	Expenditure from corporate funds	Bellaire, TX 77401					
8	PURPOSE OF	(a) Category (See Categories listed at the top of t	his schedule)	(b)	Description		
	EXPENDITURE	Advertising Expense			Check if travel outside of Check if Austin, TX, offic		
					Print Advertising Pr		
					J		J
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld
	expenditure to benefit C/O	Harris Davila, Caroline		•	sentative District 52	State R	epresentative District 52
	Date	Payee name					
	10/10/2024	Mammoth Marketing Group					
	Amount (\$)		State; Zip Co	nde			
	\$21,000.83	4500 Bissonnet St., Ste. 370	oldic, zip ot	Juc			
	Ψ21,000.03	4300 bissonnet st., ste. 370					
	Expenditure from corporate funds	Bellaire, TX 77401					
	PURPOSE	(a) Category (See Categories listed at the top of t	his schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense			Check if travel outside of		
					Check if Austin, TX, office Print Advertising Pro		
					Time Advertising Ti	baaction	71 Ostage
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l Iaht		Office he	əld
	expenditure to benefit C/O			•	sentative District 112		epresentative District
	Doto						<u> </u>
	Date 10/10/2024	Payee name Mammoth Marketing Group					
			Ctata: 7in Ca				
	Amount (\$) \$21,000.84	Payee address; City; 4500 Bissonnet St., Ste. 370	State; Zip Co	oue			
	Φ21,000.64	4300 bissoffiet St., Ste. 370					
Г	Expenditure from	Delleine TV 77404					
_	☐ corporate funds	Bellaire, TX 77401					
	PURPOSE OF	(a) Category (See Categories listed at the top of t	his schedule)	(b)	Description	Toyor Com	unloto Sahadulo T
	EXPENDITURE	Advertising Expense			Check if travel outside of Check if Austin, TX, offic		
					Print Advertising Pr		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	<sup>1</sup> Lopez, Janie	State Re	pres	sentative District 37	State R	epresentative District 37

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Polling Expense Tr Printing Expense Tr Salaries/Wages/Contract Labor O

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: 7/15 Rpt: 13/21	Texas Now PAC	00084495
4 Date	5 Payee name	
10/10/2024	Mammoth Marketing Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$21,000.83	4500 Bissonnet St., Ste. 370	
Expenditure from		
corporate funds	Bellaire, TX 77401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Print Advertising Production/Postage
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	<sup>1</sup> Villalobos, Denise State R	Representative District 34 TULOSO-MIDWAY SCHOOL
Date	Payee name	
10/15/2024	Mammoth Marketing Group	
Amount (\$)	Payee address; City; State; Zip (	Code
\$21,000.84	4500 Bissonnet St., Ste. 370	
Expenditure from corporate funds	Bellaire, TX 77401	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Print Advertising Production/Postage
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	H Lujan, John State R	Representative District 118 State Representative District
Date	Payee name	
10/15/2024	Mammoth Marketing Group	
Amount (\$)	Payee address; City; State; Zip 0	Code
\$21,000.84	4500 Bissonnet St., Ste. 370	
- Funanditura from		
Expenditure from corporate funds	Bellaire, TX 77401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Print Advertising Production/Postage
		Thirt Advertising Froduction/Frostage
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OI	j.	Representative District 52 State Representative District 52
	<u> </u>	

### 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 explai	ins how to complete this forr	n.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers	<u> </u>
Sch: 8/15 Rpt: 14/21	Texas Now PAC		00084495	
4 Date	5 Payee name			
10/15/2024	Mammoth Marketing Group			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
\$21,000.83	4500 Bissonnet St., Ste. 370			
Expenditure from corporate funds	Bellaire, TX 77401			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this			
EXPENDITURE	Advertising Expense		travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense	
		, <u>–</u>	vertising Production/Postage	
			ionalonig i rocadatorur ootago	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		· ·	District 112 State Representative District	
				_
Date	Payee name			
10/15/2024	Mammoth Marketing Group			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
\$21,000.84	4500 Bissonnet St., Ste. 370			
Expenditure from corporate funds	Bellaire, TX 77401			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on	
OF	Advertising Expense		travel outside of Texas. Complete Schedule T.	
EXPENDITURE		-	Austin, TX, officeholder living expense	
		Print Adv	vertising Production/Postage	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	1 Lopez, Janie	State Representative	District 37 State Representative District	37
Date	Payee name			
10/15/2024	Mammoth Marketing Group			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
\$21,000.83	4500 Bissonnet St., Ste. 370	, ,		
<del>+-</del> ,	1000 2.000			
Expenditure from corporate funds	Bellaire, TX 77401			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on	
OF EXPENDITURE	Advertising Expense	Check if	travel outside of Texas. Complete Schedule T.	
EXPENDITORE			Austin, TX, officeholder living expense	
		Print Adv	vertising Production/Postage	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	¹ Villalobos, Denise	State Representative	District 34 TULOSO-MIDWAY SCHOOL	-

### 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

Credit Card Layment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 9/15 Rpt: 15/21	Texas Now PAC		00084495
4 Date	5 Payee name		
10/17/2024	Mammoth Marketing Group		
6 Amount (\$)	•	ate; Zip Code	
\$136,164.15	4500 Bissonnet St., Ste. 370		
Expenditure from corporate funds	Bellaire, TX 77401		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Printing/Processing/Postage
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	Traddick, Christi	Railroad Commissioner	Railroad Commissioner
Date	Payee name		
10/17/2024	Mammoth Marketing Group		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
\$21,000.84	4500 Bissonnet St., Ste. 370		
Expenditure from corporate funds	Bellaire, TX 77401		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ising Production/Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Lujan, John	Office sought State Representative Dist	Office held trict 118 State Representative District
	Edjan, John	State Representative Dist	The Tio State Representative District
Date 10/17/2024	Payee name Mammoth Marketing Group		
Amount (\$)		ate; Zip Code	
\$21,000.84	4500 Bissonnet St., Ste. 370	ite, Zip code	
Expenditure from corporate funds	Bellaire, TX 77401		
PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE	Advertising Expense	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ising Production/Postage
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	Harris Davila, Caroline	State Representative Dist	trict 52 State Representative District 52

### 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 expla	ins how to complete this form.	······································
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 16/21	Texas Now PAC		00084495
4 Date	5 Payee name		
10/17/2024	Mammoth Marketing Group		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
\$21,000.83	4500 Bissonnet St., Ste. 370		
Expenditure from corporate funds	Bellaire, TX 77401		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE	Advertising Expense		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			rtising Production/Postage
			arenig vicescent congr
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		ŭ	strict 112 State Representative District
Date	Payee name		
10/17/2024	Mammoth Marketing Group		
Amount (\$)	Payee address; City; St	ate; Zip Code	
\$21,000.84	4500 Bissonnet St., Ste. 370		
Expenditure from corporate funds	Bellaire, TX 77401		
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	Advertising Expense	_ '	vel outside of Texas. Complete Schedule T.
EXPENDITURE		-	stin, TX, officeholder living expense
		Print Adver	rtising Production/Postage
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1 Lopez, Janie	State Representative Dis	strict 37 State Representative District 37
Date	Payee name		
10/17/2024	Mammoth Marketing Group		
Amount (\$)	Payee address; City; St	ate; Zip Code	
\$21,000.83	4500 Bissonnet St., Ste. 370	,	
, ,			
Expenditure from corporate funds	Bellaire, TX 77401		
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if trav	vel outside of Texas. Complete Schedule T.
EXPENDITORE			stin, TX, officeholder living expense
		Print Adver	rtising Production/Postage
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Villalobos, Denise	State Representative Dis	strict 34 TULOSO-MIDWAY SCHOOL

### 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

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: 11/15 Rpt: 17/21	Texas Now PAC		00084495	j
4 Date	5 Payee name			
08/29/2024	Norfleet Strategies, LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$9,000.00	504 W. 12th St.			
- Evpanditura from				
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	ı <u>—</u>	vel outside of Texas. Co	
		Campaign	stin, TX, officeholder livi	ng expense
		Campaign	Cervices	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office	held
expenditure to benefit C/O				
Date	Payee name			
10/07/2024	Norfleet Strategies, LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$9,000.00	504 W. 12th St.			
·				
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense		vel outside of Texas. Co stin, TX, officeholder livi	
		List Expens		ng expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I                                    </u>	Office	held
expenditure to benefit C/O	Н			
Date	Payee name			
10/07/2024	Norfleet Strategies, LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$6,000.00	504 W. 12th St.			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	I	vel outside of Texas. Co	mplete Schedule T.
EXI ENDITORE			stin, TX, officeholder livi	ng expense
		Campaign	Services	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	laht	Office	held
expenditure to benefit C/O		9111	Onice	11014

### 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/15 Rpt: 18/21	Texas Now PAC	00084495
4 Date	5 Payee name	·
07/04/2024	RightSide Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$120.00	PO Box 341027	
- Evnanditura from		
Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
LAI LIBITORE		Check if Austin, TX, officeholder living expense
		Compliance Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OI		it Office field
Date	Device years	
08/05/2024	Payee name RightSide Compliance	
Amount (\$)	Payee address; City; State; Zip Code	3
\$180.00	PO Box 341027	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITORE		Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	9	IL Office neru
Data		
Date 09/04/2024	Payee name RightSide Compliance	
	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Code	3
\$90.00	PO Box 341027	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE		b) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Constant   Constant	Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
experiditure to benefit C/Oi	'	

### 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

I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Texas Now PAC 00084495
5 Payee name
Truist
7 Payee address; City; State; Zip Code
611 W 5th St
Austin, TX 78701
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Bank Service Fees
Bank Service 1 ces
Candidate/Officeholder name Office sought Office held
H
Payee name
Truist
Payee address; City; State; Zip Code
611 W 5th St
Austin, TX 78701
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Bank Service Fees
Candidate/Officeholder name Office sought Office held
Payee name
Truict
Truist
Payee address; City; State; Zip Code
Payee address; City; State; Zip Code
Payee address; City; State; Zip Code
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701
Payee address; City; State; Zip Code 611 W 5th St
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Service Fees
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Service Fees  Candidate/Officeholder name  Office sought  Office held
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Service Fees
Payee address; City; State; Zip Code 611 W 5th St  Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Service Fees  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guiden	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 14/15 Rpt: 20/21	Texas Now	PAC					00084495	
4 Date	5 Payee name							
10/21/2024	Truist							
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode				
\$35.00	611 W 5th 9	St						
Expenditure from corporate funds	Austin, TX 7	'8701						
8 PURPOSE	(a) Category (Se	ee Categories listed at the t	op of this schedule)	(b)	Description			
OF EXPENDITURE	Accounting/	Banking			_		de of Texas. Com	
					Bank Service		officeholder living	g expense
					Bank Service		:63	
				<u> </u>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eia
Date	Payee name							
07/09/2024	Vantage Le	gal						
Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
\$250.00	PO Box 341	.016						
Expenditure from corporate funds	Austin, TX 7	78734						
				1/63				
PURPOSE OF		ee Categories listed at the t	op of this schedule)	(D)	Description  Check if travel (	nutsi	de of Texas. Com	nlete Schedule T
EXPENDITURE	Legal Servi	ces					officeholder living	
					Legal Consul			
					J	•		
Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office he	əld
expenditure to benefit C/OI				9				
D-1-								
Date	Payee name	1						
08/12/2024	Vantage Le	gai 						
Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
\$125.00	PO Box 341	.016						
- Evenanditura from								
Expenditure from corporate funds	Austin, TX 7	'8734						
PURPOSE	(a) Category	ee Categories listed at the t	on of this schedule)	(b)	Description			
OF	Legal Servi		op of this soficulie)	` <i>`</i>		outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	]				<b>—</b>		officeholder living	g expense
					Legal Consul	tinç	g Services	
Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
expenditure to benefit C/OI	H							
	<del></del>							

### 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 Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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: 15/15 Rpt: 21/21	Texas Now PAC 00084495
4 Date	5 Payee name
09/11/2024	Vantage Legal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$125.00	PO Box 341016
Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Legal Consulting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held H