CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00015955 Date Received COMMITTEE Texas Surplus Lines Assn. PAC **ELECTRONICALLY FILED** NAME 10/28/2024 TREASURER Patterson, Jean T. NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) November 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 09/26/2024 10/25/2024 **EXPLANATION OF CORRECTION** I forgot to include an expense for the month, so went back to correct 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Jean T. Patterson Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015955 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Surplus Lines Assn. PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P. O. Box 9053 Change of Address Austin, TX 78766 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Jean T. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Patterson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9020 Capital of Texas N. Ste. 370 STREET **ADDRESS** (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 9020 Capital of Texas N. Ste. 370 MAILING **ADDRESS** Change of Address Austin, TX 78759 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 343-9058 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Surplus Lines	Assn. PAC	00015955		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cassandra Hernandez State R	epresentativ	е
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	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	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	114,390.18
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the a	accompanying report is d to be reported by me
		Jean T.	Patterson	
		Signature of Can	npaign Treasu	rer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
		, th	is 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 office	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 11
				13 Filer ID	(Ethics Commission Filers)
PAC				00015955	
Candidates (Identify by name or, if applicable, classify by party.)		Aicha Davis	State Representati	ve	
	B. Opposed				
Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
Officeholders Assisted					
1. Candidates (Identify by name or, if applicable, classify by party.)		Linda Garcia	State Representa	tive	
	B. Opposed				
Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	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 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	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 Linda Garcia B. Opposed A. Supported B. Opposed 3. Opposed B. Opposed B. Opposed 3. Opposed B. Opposed	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 Linda Garcia State Representation of the content of the	PAC 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 (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.) A. Supported Linda Garcia State Representative 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 5 of 11

					5 of 11
17 CO	MMITTI	(Ethics Comr	mission Filers)		
Tex	kas Su				
	HEDUL ME OF	SUBTO	TAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,175.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	4,500.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	111.62
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 6/11			
2	FILER NAME Texas Surplu	AME urplus Lines Assn. PAC			3	Filer ID (Ethics Commission 00015955	on Filers)		
4	Date 10/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Brecht, Jennifer 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00				
_		Grapevine, TX 76051							
8	Principal occu insurance br	pation / Job title (See Instructions) Oker	9	Employer (See Instructions	5)				
	Date 10/23/2024					Amount of Contribution (\$)	\$25.00		
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	insurance un	derwriter							
	Date 10/10/2024	Full name of contributor out-of-state F Cash, Angie Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$150.00		
		San Antonio, TX 78230							
	Principal occu company un	pation / Job title (See Instructions) derwriter		Employer (See Instructions	5)				
	Date 10/03/2024	Full name of contributor out-of-state F Clay, Michael Contributor address; City; State; Zip Code McKinney, TX 75072				Amount of Contribution (\$)	\$1,000.00		
	Principal occu insurance br	oation / Job title (See Instructions) oker		Employer (See Instructions	()				
	Date 10/12/2024	Full name of contributor out-of-state F Diallo, Maimouna Contributor address; City; State; Zip Code Dallas, TX 75240				Amount of Contribution (\$)	\$50.00		
	Principal occu insurance un	oation / Job title (See Instructions) derwriter		Employer (See Instructions	i)				
			L						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 7/11	
2	FILER NAME Texas Surpli	us Lines Assn. PAC		3	Filer ID (Ethics Commission 00015955	n Filers)
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:) Driggers, Jill 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
_	Dein ein al. a a a	Ft. Worth, TX 76110	O Frankrije (Ozakasta stiera)			
8	CPA	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Giarratano, Frank Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Wylie, TX 75098 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	insurance br					
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Hugley, Trey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Allen, TX 75073				
	Principal occu recruiter	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_Sprowls, Garrett Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$250.00
	Principal occu insurance br	pation / Job title (See Instructions) oker	Employer (See Instructions)		

PLE	DGED CONTRIBUT	TIONS			SCHEDULE	В
Т	he Instruction Guide expl	ains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 8/11	
2 FILER NAME					Filer ID (Ethics Commission Filers)	
Texas S	Surplus Lines Assn. PAC				00015955	
4 TOTAL	OTAL OF UNITEMIZED PLEDGES				\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:) 8		
7 Pledgor Address; City; State; Zip Code				pledge (\$) (If applicable)	licable)	
					Check if travel outside of Texas. Complete Sch	odulo T
10 Principal	occupation / Job title (See Instruc	tions)	11 Employer (Coo Inch	tructi		euule 1.
10 Fillicipai	occupation / 300 title (See Instruc	dioris)	11 Employer (See Inst	tructi	ions)	

LOAI	IS			SCHEDULE	E
The Ins	truction Guide explains how to complete this form	1	1 Total pages Schedule E: Sch: 1/1 Rpt: 9/11		
2 FILER NA	ME Irplus Lines Assn. PAC	3	Filer ID 000159	(Ethics Commission File	rs)
4 TOTAL	OF UNITEMIZED LOANS			\$	0.00
5 Date of lo	an 7 Name of lender out-of-state PAC (ID:	#:)	9 Loan Amount (\$)	
6 Is lender financial institution		Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal	occupation / Job title (See Instructions)	Employer (See Instructions)			
14 Description	n of Collateral 15 (Check if personal funds were	deposited	into political account (See Instructions)	
16 GUARAN				19 Amount Guaranteed ((\$)
not a	olicable 18 Guarantor address; City; State;	Zip Code			
20 Principal	occupation 21 E	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/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 10/11	Texas Surplus Lines Assn. PAC 00015955
4 Date	5 Payee name
09/30/2024	Davis, Aicha
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 71
41,000.00	1101.500.11
Expenditure from	
corporate funds	DeSoto, TX 75115
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/30/2024	Garcia, Linda
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1908 Haddock Drive
Expenditure from	
corporate funds	Mesquite, TX 75149
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/30/2024	Hernandez, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 1289
Expenditure from	
corporate funds	Addison, TX 75001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	MADE FROM F	POLITICAL CONTRIBUTIONS
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Surplus Lines Assn. PAC 3 Filer ID (Ethics Commission Filers) 00015955
4	Date 09/30/2024	5 Payee name Harland Clarke
6	Amount (\$) 45.84 Expenditure from corporate funds	7 Payee Address; City; State; Zip 15955 La Cantera Pkwy San Antonio, TX 78256
В	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) new checks for PAC
	Date 10/24/2024	Payee name Square, Inc.
	Amount (\$) 65.78 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St. #600 San Francisco, TX 94103
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) credit card fees
		·