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) 00084967 3 COMMITTEE NAME **OFFICE USE ONLY** Represent Texas Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 140981 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75214 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Laura NAME NICKNAME LAST **SUFFIX** Barry STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 911 West Gray St. STREET **ADDRESS** Apt 1 (Residence or Business) Houston, TX 77019 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 461-1195 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		:	13 Filer ID	(Ethics Commission Filers)	
Represent Texas			00084967		
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Managemen	A. Supported			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted	Rep. Mihaela Plesa State Repi	resentative		
	(Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE	· -) POLITICAL EXPENDITURES			
TOTALS			\$	75.00	
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	4,850.52	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.			
		Me Lou	ıra Parnı		
		Signature of Can	ıra Barry npaign Treasur	er	
		oig.iata.co.ca.	pa.g caca.	.	
AFFIX NOTAF	RY STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said	, 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	er administering oath	

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Represent Texas					00084967	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Jonathan Gracia State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
			B. C	Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Cecilia Castellano State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
			B. C	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.)		Supported	Kristian Carranza State Represo	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
			B. C	Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
		applicable, classify by party.))				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Represent Texas				00084967	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Laurel Swift State Representativ	/e	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennie Birkholz State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Lee State Representati	ve	
	(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.)				
		(Identify by name or, if				

FORM GPAC ADDENDUM

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Represent Texas					00084967	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ebony Turner	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(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.)					
COMMITTEE	1. Candidates		Carlos Walker	State Representa	ativo.	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Carlos Walker	State Represent	auve	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Wilker	son State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Represent Texas					00084967	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Michelle Beckley State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures	A. Supp	orted			
		(Describe by date and location of election and nature of issue.)					
			В. Орро	sed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE 1. Candidates A. Supported Liz Ginsberg State Representative						
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		ortou	Liz Gilisberg State Representati	VC	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	sed			
		3. Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Averie Bishop State Representa	ıtive	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures	A. Supp	orted			
		(Describe by date and location of election and nature of issue.)					
			В. Орро	sed			
		Officeholders Assisted (Identify by name or, if)					
		applicable, classify by party.)					

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12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Represent Texas		00084967
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported Dawn Richardson State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported Stephanie Morales State Repres	sentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party	3)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported Soloman Ortiz State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)	
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SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					8 01 32
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethi	cs Commission Filers)
Re	presen	t Texas	00084967		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	55,676.00
2.	X	\$	0.00		
3.	Х	\$	0.00		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	53,410.59
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
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 (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 9/32	
2	FILER NAME Represent T	exas				3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/08/2024	5 Full name of contributor Addison, Elizabeth6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78757	. 1	_				
8	Not Employe	pation / Job title (See Instructions ed	i)	9	Employer (See Instructions Not Employed	S)		
	Date 10/21/2024	Full name of contributor Buchanan, Lillian Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Dringing aggr	Austin, TX 78702	<u> </u>		Employer (Coo Instructions	<u></u>		
	Principal occu Psychothera	pation / Job title (See Instructions pist	(i)		Employer (See Instructions Self	5)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:) CUTSHALL, HANNAH Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$250.00	
		Dallas, TX 75219						
	Principal occu Investments	pation / Job title (See Instructions	(i)		Employer (See Instructions self	5)		
	Date 10/08/2024	Full name of contributor Case, Vic Contributor address; City; Si Dallas, TX 75228-5908	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Voice Actor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/16/2024	Full name of contributor Caswell, Wayne Contributor address; City; Si Fulshear, TX 77441	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 10/32	
2	FILER NAME Represent To	exas			3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/08/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78756 pation / Job title (See Instructions	9	Employer (See Instructions	 s)		
	Not employe	d		Not employed			
	Date 10/08/2024	Full name of contributor Copeland, Julia Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Dein sin al a sacc	Plano, TX 75023		Fundamental Control to the street in the	<u></u>		
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)		
	Date 10/24/2024	Full name of contributor Dickenson, Gail Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75225					
	Principal occu lawyer	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
	Date 10/08/2024	Full name of contributor Evans, Layne S Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Principal occu Writer/editor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/08/2024	Full name of contributor Fleming, Delryn Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			<u>'</u>				

	MONET	ARY POLITICAL (CONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	v to complete this for	m.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 11/32	
2	FILER NAME Represent T	exas			3	Filer ID (Ethics Commissi 00084967	on Filers)
4	Date 10/25/2024	5 Full name of contributor Gonsher Vinik, Debra6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Cliffside Park, NJ 07010					
8	Principal occu filmmaker	pation / Job title (See Instructions	9	Employer (See Instructions Diva Communications	5)		
	Date 10/08/2024	Full name of contributor Goodwin, Vikki Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions		Employer (See Instructions	·/_		
	Real Estate	pation / Job title (See instructions	5)	Self: Goodwin & Goodw		Real Estate	
	Date 10/09/2024	Full name of contributor Haskins, Lawrence Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Caldwell, TX 77836	,	5 1 (0 1 : "	<u></u>		
	Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Self	5)		
	Date 10/15/2024	Full name of contributor John Bryant Campaign Contributor address; City; S Dallas, TX 75214				Amount of Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/17/2024	Full name of contributor John Bryant Campaign Contributor address; City; S Dallas, TX 75214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 12/32	
2	FILER NAME Represent To	exas			3	Filer ID (Ethics Commission 00084967	ı Filers)
4	Date 10/24/2024	Jones, Karen 6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Terrell, TX 75160 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe			Not Employed	,		
	Date 10/08/2024	Full name of contributor KIDD, ELIZABETH Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dringinal occur	Houston, TX 77019 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Not employed			Not employed)		
	Date 10/26/2024	Full name of contributor Kelly, Timothy Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78723					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 10/23/2024	Full name of contributor LOVE, KATHLEEN Contributor address; City; State; Dallas, TX 75218	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 10/08/2024	Full name of contributor Lawrence, Eileen Contributor address; City; State; Round Rock, TX 78681	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			·				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 13/32	
2	FILER NAME Represent To	exas			3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/24/2024	 Full name of contributor out-of-state PAC Love, Kathleen Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 10/08/2024	Full name of contributor out-of-state PAC Marrs, Annie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Bastrop, TX 78602					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 10/26/2024	Full name of contributor out-of-state PAC Martin, Maria Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$500.00
	Dringinal occur	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
				Not employed)		
	Not employed Date Full name of contributor ☐ out-of-state PAC (I 10/19/2024 Martinez, Susan Contributor address; City; State; Zip Code		,)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	Austin, TX 78739 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 10/25/2024	ate Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Behringer	5)		
			•				

	MONEI	ARY POLITICAL CONTRIBU	THONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 14/32	
2	FILER NAME Represent T	exas		3	Filer ID (Ethics Commissio 00084967	n Filers)
4	Date 10/16/2024	1.6/2024 Ned, Juli 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Campbell, TX 75422 pation / Job title (See Instructions) Technology	Employer (See Instructions Torchmark Corporation			
Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Nichols, Nancy Contributor address; City; State; Zip Code Tyler, TX 75706			Amount of Contribution (\$)	\$25.00		
Principal occupation / Job title (See Instructions) Firelight Books Employer (See Instruction Firelight Books		ıs)				
	Date 10/24/2024				Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions Higier Allen & Lautin PO			
	Date 10/11/2024	Full name of contributor out-of-state PAC Perez, Luis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	•	Houston, TX 77084 pation / Job title (See Instructions) usic Performer/Instructor	Employer (See Instructions Self-Employed	l ns)		
Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Putnam, Gary Contributor address; City; State; Zip Code Houston, TX 77006			Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	ıs)		

	MONETARY POLITICAL CONTRIBUTIONS			S		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 15/32		
2	FILER NAME Represent T	exas				3	Filer ID (Ethics Commission 00084967	n Filers)	
4	Date 10/09/2024	5 Full name of contributor Reed, Andrea6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78749							
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) <u> </u>		Employer (See Instructions Not Employed	s)			
	Date 10/26/2024	Full name of contributor Reed, Andrea Contributor address; City; St)		Amount of Contribution (\$)	\$10.00	
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions	9		Employer (See Instructions	?) 			
	Not Employed Not Employed			,,					
	Date 10/08/2024	Full name of contributor Robinson, Lisa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Houston, TX 77025							
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Na	5)			
	Date 10/10/2024	Full name of contributor Rodriguez-Bowman, Felic Contributor address; City; St Katy, TX 77449)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)			
	Date 10/25/2024	Full name of contributor Salerno, Karen Contributor address; City; St Dallas, TX 75228	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Consultant	pation / Job title (See Instructions	s)		Employer (See Instructions BRES	<u>.</u> S)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 16/32		
2	FILER NAME Represent T	exas				3	Filer ID (Ethics Commission 00084967	on Filers)	
4	Date 10/25/2024	5 Full name of contributor Salerno, Tony6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00	
	Dringing! agg.	Dallas, TX 75228			Employer (Co.) Instructions	<u></u>			
8	Software cor	pation / Job title (See Instructions nsultant)	9	Employer (See Instructions Bcforward	s)			
	Date 10/25/2024	Full name of contributor Sanchez, Elizabeth Contributor address; City; St)		Amount of Contribution (\$)	\$10.00	
	Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions)			·/-					
not employed (retired) not employed		·)							
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Schlossberg, Kim Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00				
		Dallas, TX 75228							
	Principal occu Graphic Des	pation / Job title (See Instructions igner	·)		Employer (See Instructions Kim Schlossberg Design				
	Date 10/08/2024	Full name of contributor Scudder, Kendall Contributor address; City; St Dallas, TX 75214)		Amount of Contribution (\$)	\$6,000.00	
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Scudder, Kendall Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$5,000.00				
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to	o complete this forr	m.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 17/32	
2	FILER NAME Represent T	exas			3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/07/2024	5 Full name of contributorSlover, George6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$175.00
		Bethesda, MD 20814					
8	Principal occu Senior Coun	pation / Job title (See Instructions) sel	9	Employer (See Instructions Center for Democracy a		Technology	
	Date 10/08/2024	Full name of contributor Staman, Kim Contributor address; City; State)		Amount of Contribution (\$)	\$50.00
	Terrell, TX 75160 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	 ;)			
Asset Manager Capital One		,					
	Date Full name of contributor out-of-state PAC (ID#:) 10/26/2024 Staman, Kim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Terrell, TX 75160					
	Principal occu Asset Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Capital One	5)		
	Date 10/15/2024	Full name of contributor Temple, Charles Contributor address; City; State Brackettville, TX 78832	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Thompson, Ramona Contributor address; City; State; Zip Code Frisco, TX 75036			Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 18/32	
2	FILER NAME Represent T	exas			3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Dallas, TX 75230	1_				
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Brown & Hofmeister	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Watkins, Howard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Long Beach, CA 90815 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u> </u>				
Not Employed Not Employed		,					
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Weiss, Leighton Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75230					
	Principal occu Not Employe	pation / Job title (See Instructions) ad		Employer (See Instructions Not Employed	s)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wellman, William Contributor address; City; State; Zip Code Santa Barbara, CA 93102)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Raytheon	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Wilkerson, D. Karen Contributor address; City; State; Zip Code Tyler, TX 75711			•	Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 19/32	
2	FILER NAME Represent T	exas				3	Filer ID (Ethics Commission 00084967	Filers)
4	Date 10/10/2024	5 Full name of contributor Woodward, Ruth6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75206						
8	Principal occu Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Dallas ISD (when emplo		d)	
	Date 10/08/2024	Full name of contributor Yingling, Kathryn Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions	s)		Employer (See Instructions self	<u> </u> 5)		
	Date 10/08/2024	Full name of contributor clark, nathan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing Lagge	Fate, TX 75087	<u>.</u> .		Frankrija (Can Instructions			
	Surveyor	pation / Job title (See Instructions	5)		Employer (See Instructions Ltra	»)		
	Date 10/22/2024	Full name of contributor clark, nathan Contributor address; City; S Fate, TX 75087	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Surveyor	pation / Job title (See Instruction:	5)		Employer (See Instructions Ltra	5)		
	Date 10/25/2024	Full name of contributor long, mauri Contributor address; City; S Garland, TX 75042	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Financial Ma	pation / Job title (See Instructions unager	5)		Employer (See Instructions Modern Family Vision	5)		

	MONET	ARY POLITICAL CONTRIBU	TIOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 12/12 Rpt: 20/32	
2	FILER NAME Represent T				3	Filer ID (Ethics Commission 00084967	n Filers)
4	Date 10/08/2024	5 Full name of contributor out-of-state PAC mazero, John 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Dallas, TX 75214 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
	Retired	·		Retired	,		
	Date 10/25/2024	Full name of contributor out-of-state PAC (mazero, John Contributor address; City; State; Zip Code Dallas, TX 75214	(ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Sche Sch: 1/1 Rpt: 2	
2 FILER N	IAME ent Texas			3		hics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	<i>‡</i> :	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code	е			
					Check if travel out	side of Texas. Complete Schedule T
10 Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ons)	

	LOANS					SCHEDUI	E E
	The Instruction	on Guide explains how to	o complete this f	orm.	1	ages Schedule E: /1 Rpt: 22/32	
	FILER NAME Represent Texas	s			3 Filer ID 000849	(Ethics Commission	-ilers)
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address; City	y; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	s)	•	
14	Description of Coll None	ateral		15 Check if personal funds we	ere deposite	d into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address; City	y; State;	Zip Code			
20	Principal occupation	I on		21 Employer (See Instructions	5)	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 23/32	Represent Texas 00084967
4 Date	5 Payee name
10/16/2024	Averie Bishop Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	819 Arapaho Rd.
- "	Ste 24B #233
Expenditure from corporate funds	Richardson, TX 75080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	 Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Bishop, Averie State Representative District 112 None
Dato	
Date	Payee name
10/18/2024	Bexar County Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 12534
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation Supporting Coordinated Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/18/2024	Cecilia Castellano Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	20956 Somerset
φ2,500.00	20000 001101301
Expenditure from	
corporate funds	Somerset, TX 78069
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	Castellano, Cecilia State Representative District 80 None

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: 2/10 Rpt: 24/32	Represent Texas	00084967
4 Date	5 Payee name	<u> </u>
10/18/2024	Denise Wilkerson for Texas House	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,000.00	1808 Winewood Lane	
Expenditure from corporate funds	Arlington, TX 76013	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicenoide//Political Committee	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/OI	^H Wilkerson, Denise State Re	presentative District 94 None
Date	Payee name	
10/18/2024	Ebony Turner Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1.000.00	PO Box 923	
+= ,000.00	. 0 20% 020	
Expenditure from corporate funds	Mansfield, TX 76063	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicendide/Political Committee	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	Turner, Ebony State Re	presentative District 96 None
Date	Payee name	
10/18/2024	Jennie Birkholz Campaign	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$2,500.00	PO box 1772	
+-,		
Expenditure from corporate funds	Round Rock, TX 78680	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation
		Donation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		presentative District 52 None
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 25/32	Represent Texas 00084967
4 Date	5 Payee name
10/18/2024	Jennifer Lee Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 1916
Expenditure from corporate funds	Temple, TX 76504
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	·
Date	Payee name
10/18/2024	Jonathan Gracia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	119 W Van Buren
— E	
Expenditure from corporate funds	Harlingen, TX 78550
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	Gracia, Jonathan State Representative District 37 None
Date	Payee name
10/18/2024	Kristian Carranza Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 831436
Expenditure from corporate funds	San Antonio, TX 78283
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAMATO TO BOTTOM O/OI	Carranza, Kristian State Representative District 118 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 26/32	Represent Texas 00084967
4 Date	5 Payee name
10/18/2024	Laurel Jordan Swift Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 6866
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
	Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	Swift, Laurel State Representative District 121 None
Date	Payee name
10/16/2024	Liz Ginsberg Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	4502 W Lovers Lane
, , , , , , , ,	
Expenditure from corporate funds	Dallas, TX 75209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	Ginsberg, Liz State Representative District 108 None
Date	Payee name
10/18/2024	Michelle Beckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1845 E Frankford Rd
, —, · · · · · · ·	
Expenditure from corporate funds	Carrollton, TX 75007
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Salaries/Wages/Contract Labor

orean cara r aymen	The Instruction Guide explains how	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 27/32	Represent Texas	00084967
4 Date	5 Payee name	
10/18/2024	Mihaela Plesa Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$4,000.00	PO box 796311	
Expenditure from		
corporate funds	Dallas, TX 75248	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolde//Political Committee	Donation Donation
9 Complete ONLY if direct		sought Office held
expenditure to benefit C/OF	[†] Plesa, Mihaela State	Representative District 70 State Representative District 70
Date	Payee name	
10/08/2024	Rideshare2Vote	
Amount (\$)	Payee address; City; State; Zip	Code
\$6,000.00	PO Box 803648	
Expenditure from		
corporate funds	Dallas, TX 75380	
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. Check if Austin, TX, officeholder living expense
		Rides to the Polls Program
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/OF	¹ Gracia, Jonathan State	Representative District 37 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		Representative District 80 None

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to com	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 28/32	Represent Texas	00084967
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	
expenditure to benefit C/O	¹ Carranza, Kristian State Rep	presentative District 118 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Cod	de
Expenditure from corporate funds		
	(a) a	(6) 5
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office soug	yht Office held
expenditure to benefit C/O	Swift, Laurel State Rep	presentative District 121 None
Date	Payee name	
Date	(see previous)	
Λ	• • •	3
Amount (\$)	Payee address; City; State; Zip Cod	ie
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	presentative District 52 None
	State Nep	Tesemative district 32 None

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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 29/32	Represent Texas	00084967
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip 0	Code
Expenditure from corporate funds		Tax
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	1	Representative District 55 None
Date	Payee name	
Date	(see previous)	
Δ	` ' '	2-4-
Amount (\$)	Payee address; City; State; Zip (Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so Richardson, Dawn State F	ought Office held Representative District 54 None
	Nichardson, Dawin State is	representative district 34 None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip (Code
	- Lyss and ses, 2.p	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/O	¹ Wilkerson, Denise State F	Representative District 94 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/10 Rpt: 30/32	2 FILER NAME Represent Texas	3 Filer ID (Ethics Commission Filers) 00084967
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Walker, Carlos State Representative Distr	Office held ict 97 None
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Beckley, Michelle State Representative Distr	Office held ict 63 None
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Plesa, Mihaela State Representative Distr	Office held ict 70 State Representative District 70

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to 0	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 31/32	Represent Texas	00084967
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		3.7.
9 Complete ONLY if direct	Candidate/Officeholder name Office so	
expenditure to benefit C/OI	1 Ginsberg, Liz State R	epresentative District 108 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip (Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	bught Office held
expenditure to benefit C/OI	Bishop, Averie State R	epresentative District 112 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip 0	Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	
expenditure to benefit C/OI	H Morales, Stephanie State R	epresentative District 138 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 10/10 Rpt: 32/32	Represent Texas 00084967
4 Date	5 Payee name
10/18/2024	Solomon Ortiz Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 286
Expenditure from corporate funds	Corpus Christi, TX 78403
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ortiz, Solomon State Representative District 34 None
Date	Payee name
10/07/2024	Statecraft Digital LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,335.59	37 North Orange Ave
	Ste 500
Expenditure from corporate funds	Orlando, FL 32801
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Consulting Services
	2.g.aa. 23.22ag 23.7.23
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	