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) 00088075 3 COMMITTEE NAME **OFFICE USE ONLY** Ashford Inc. Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 10/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 14185 Dallas Parkway, Ste. 1200 Change of Address Dallas, TX 75254 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Mark NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Nunneley CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 14185 Dallas Parkway STREET **ADDRESS** Ste. 1200 (Residence or Business) Dallas, TX 75254 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 14185 Dallas Parkway MAILING **ADDRESS** Ste. 1200 Change of Address Dallas, TX 75254 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 697-6006 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
			13 Filer ID	(Ethics Commission Filers)	
Ashford Inc. Texas Poli	tical Action Committee			00088075	
4 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. 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.)				
5 CONTRIBUTION	1. TOTAL LINITEMIZE	POLITICAL CONTRIBUTI	ONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOA IADE ELECTRONICALLY) qualifies for the higher itemizati	ANS, ÖR	\$	0.00
	2. TOTAL POLITICA	·			
	(OTHER THAN PLEI	OGES, LOANS, OR GUARA	ANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES		\$	125.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	1,205.79	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
.6 AFFIDAVIT	1				
		true and corr	firm, under penalty of pe ect and includes all infor 5, Election Code.	rjury, that the a mation required	accompanying report is d to be reported by me
			Mr. Mark	Nunneley	
			Signature of Car		rer
AFFIX NOTARY	STAMP / SEAL ABOVE		ū	, 0	
Sworn to and subscribed	hefore me, by the said		th	his the	day
		which, witness my hand and			uuy
<u> </u>	_,, to co, .				
Signature of officer ad	ministering oath	Printed name of officer adm	ninistering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMITT Ashford Ir	(Ethics Commission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 125.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	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: 1/1 Rpt: 4/4	Ashford Inc. Texas Political Action Committee 00088075			
4 Date	5 Payee name			
09/30/2024	Dallas Capital Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$25.00	14185 Dallas Parkway			
	Suite 200			
Expenditure from corporate funds	Dallas, TX 75254			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense fees			
	lees lees			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
Date	Payros namo			
10/10/2024	Payee name Sutton Frost Cary LLP			
	· · · · · · · · · · · · · · · · · · ·			
Amount (\$) \$100.00	Payee address; City; State; Zip Code 200 E Front St			
\$100.00	200 E FIORI SI			
Expenditure from corporate funds	Arlington , TX 76011			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	tax			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			