MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00016545 2				2 Total pages filed: 5		
3	3 COMMITTEE NAME			OFFICE USE ONLY		
	Friends of Baylor Med			Date Received		
				ELECTRONICALLY FILED 11/05/2024		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
	ADDRESS	1550 Lamar Street, Suite 2000				
		Houston, TX 77010-4106		Date Hand-delivered or Date Postmarked		
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Dessint # Amount		
	NAME	Mr. Paul A.		Receipt # Amount		
				Date Processed		
		NICKNAME LAST	SUF	FIX		
		Braden		Date Imaged		
Ļ	CAMPAICN					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); 2200 Ross Avenue	APT / SUITE #; CITY;	STATE; ZIP CODE		
	STREET ADDRESS	Suite 3600				
	(Residence or Business)					
Ļ		Dallas, TX 75201				
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE		
	MAILING ADDRESS	2200 Ross Avenue				
	Change of Address	Suite 3600				
	_					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
	PHONE	(214) 855-8189				
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10	MONTHLY					
[10	REPORT FILING	January 5 Apri	5 July 5	October 5		
	DEADLINE	February 5 May	5 August 5	X November 5		
		March 5 June	e 5 September 5	December 5		
11	L PERIOD COVERED	Month Day Year	THROUGH Mont	•		
	COVERED	09/26/2024	10/2	5/2024		
1						
1						
	GO TO PAGE 2					
Fo	rms provided by Tex	as Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.48da51f7		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Baylor Med			00016545	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	LEXPENDITURES	\$	5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	123,943.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		ł	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Paul	A. Braden	
		Signature of Ca	mpaign Treasu	irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - MPAC				FORM MPAC
				3 of 5
17 COI Frie	MMITT ends o	(Ethics Commission Filers)		
19 SCI NAI	HEDUL ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CORPORALABOR ORGANIZATION	ATION OR	\$
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	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 5,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3,000.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Pining Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
4 Tatal same Oak adula 54						
1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/5	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Baylor Med 00016545					
-						
4 Date 10/07/2024	5 Payee name Patrick, Dan					
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1 E. Greenway Plaza Suite 225 Houston, TX 77046					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lieutenant Governor 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.			1 Total pages Schedule K: Sch: 1/1 Rpt: 5/5			
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Friends of Baylor Med			00016	6545	
4	Date	5	Name of person from whom amount is received	•	8 Amount (\$)	
	10/08/2024		Gervin-Hawkins, Barbara		\$1,000.0	00
		6	Address of person from whom amount is received; City; State; Zip Code		1	
			San Antonio, TX 78218			
		7		olitical cont	l ribution returned to filer	
		ľ	Check returned due to insufficient address.			
	Date		Name of person from whom amount is received		Amount (\$)	
	10/08/2024		Guillen, Ryan		\$1,000.0	00
	10/00/2024		Address of person from whom amount is received; City; State; Zip Code			00
			Address of person from whom amount is received, Gity, State, Zip Code			
			Rio Grande, TX 78582			
		Purpose for which amount is received X Check if political cont			ribution returned to filer	
			Check returned due to insufficient address.			
	Date	İ	Name of person from whom amount is received		Amount (\$)	
	10/08/2024		Lozano, J. M.		\$1,000.	00
			Address of person from whom amount is received; City; State; Zip Code			
			Kingsville, TX 78363			
			Purpose for which amount is received X Check if purpose for which amount is re	olitical cont	ribution returned to filer	