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) 00050917 3 COMMITTEE NAME **OFFICE USE ONLY** Q PAC Date Received **ELECTRONICALLY FILED** 11/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 301 Commerce St., Ste. 3200 Change of Address Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Nelson C. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Holm CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 301 Commerce St., Ste. 3200 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 301 Commerce St., Ste. 3200 MAILING **ADDRESS** Change of Address Fort Worth, TX 76102 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-5572 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)	
Q PAC			00050917		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Dade Phelan State Repre	esentative		
(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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	53,750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	25,000.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			31,472.93	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00	
16 AFFIDAVIT	•		I		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me	
	Mr. Nelson C. Holm				
		Signature of Car	mpaign Treasu	ırer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, th	nis the	day	
of	_, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 6
17 COMMIT Q PAC	TEE NAME	18 Filer ID 00050917	(Ethics Commission Filers)
	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$	
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 3,750.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 25,000.00
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 TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
	3 Filer ID (Ethics Commission Filers) 00050917
<u> </u>	7 Amount of Contribution (\$) \$25,000.00
Fort Worth, TX 76102	
	;)
10/21/2024 Raynor, Geoffrey (Mr.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions] ;)
	The Instruction Guide explains how to complete this form. FILER NAME Q PAC Date Date 09/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Raynor, Geoffrey (Mr.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Investments Date 10/21/2024 Full name of contributor out-of-state PAC (ID#:) Raynor, Geoffrey (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Q PAC 00050917 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 10/25/2024 3,750.00 Renegade Swish, LLC

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
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politice Credit Card Payment	al Committee	Legal Services The Instruction Guide 6	Salaries/V	/ages/Contract Labor	C	OTHER (enter a	category not listed above)
1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAM Q PAC	E				Filer ID 10050917	(Ethics Commission Filers)
4 Date 10/15/2024 6 Amount (\$)	5 Payee name Texans for7 Payee addre	Dade	State; Zip Co	de			
\$25,000.00 Expenditure from corporate funds	PO Box 84 Nederland	.8 , TX 77627					
8 PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top ons/Donations Made E Officeholder/Political	Ву	_	avel outside ustin, TX, of	ficeholder living	olete Schedule T. expense
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office he	eld