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) 00031590 3 COMMITTEE NAME **OFFICE USE ONLY HCA Texas Good Government Fund** Date Received **ELECTRONICALLY FILED** 12/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13155 Noel Road Suite 2000 Change of Address Dallas, TX 75240 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Kristin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Dyer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 13155 Noel Road, Ste. 2000 STREET **ADDRESS** (Residence or Business) Dallas, TX 75240 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 MAILING **ADDRESS** Change of Address Dallas, TX 75240 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 401-8770 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** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
HCA Texas Good Go	vernment Fund		000315	90		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Glenn Hegar Comptroller				
(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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	AL EXPENDITURES	\$	70,500.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	122,969.05		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT						
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that th mation requ	ne accompanying report is ired to be reported by me		
		Kristi	n Dyer			
		Signature of Ca		asurer		
AFFIX NOTAI	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ed before me, by the said _	, ti	his 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 o	officer administering oath		

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana Hernandez State Re	epresentative	
(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				
201447777	applicable, classify by party.)	 			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Armando Martinez State	Representative	
(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	1. Candidates	<u> </u>	Angelia Orr State Repres	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		7 Higolia Oli Stato Nep. St		
(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			
	nature or issue.)	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	1			

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Goverr	ment Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Angie Button	State Representati	ive	
(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	d			
	,	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.)	A. Supported	d Ann Johnson	State Senator		
(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	d			
		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.)		d Armando Wal	le State Represent	tative	
(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	d 			
		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)
HCA Texas Good Governr	nent Fund				00031590	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Gervin-	Hawkins State F	Representative)
report if necessary.)	2. Magauros	A Cupported				
	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Benjamin Bumg	arner State Rep	resentative	
(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.)		Candy Noble St	ate Representat	tive	
(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.)					
		•				

2 COMMITTEE NAME							13 Filer ID	(Ethics Commission Filers
CA Texas Good Govern	ment Fund						00031590	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Supported Opposed	Caroline I	Harris Davil	a State R	epresentative	
report if necessary.)								
	2. Measures (Describe by date and location of election and nature of issue.)	Α.	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.)		Supported	Cassandr	a Hernande	z State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		В.	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.)		Supported	Cecil Bell	State Rep	esentative	9	
(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.)		Supported					
		B.	Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Gere	n State Represen	tative	
(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.)	<u> </u>				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Claudia Orda	az Perez State Re	presentative	
(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	1. Candidates	A. Supported	Cody Harris	State Representat	tive	
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 (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	nent Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner Sta	te 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.)		Dennis Paul Sta	ate 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Donna Howard	State Represent	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 name)					
	(Identify by name or, if applicable, classify by party.)					

2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ICA Texas Good Governr	nent Fund				00031590	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		^{ed} Suleman Lala	ni State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d			
	2. Measures	A. Supporte	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed	d			
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	1				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed Drew Darby S	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	d			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	<u> </u>	ed Dustin Burrow	s State Represen	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			5 Olulo 1.0p. 2.2		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	d			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Eddie Morales	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				
	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.)		Ellen Troxclair	State Represent	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Gamez S	itate Representat	ive	
(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.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Zwiener State Represe	ntative	
(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.)		Gina Hinojosa 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	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State I	Representative	
(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.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jared Patters	on State Represe	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	Joseph Mood	y State Represer	ntative	
(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.)		John Bucy St	ate 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.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Jon Rosenthal State Represent	ative	
paper to complete this report if necessary.)					
	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representative	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.)		Lauren Simmons State Represe	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen	State Represent	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				
	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.)		Mik Schofield	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meye	r 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Nicole Collier State Represent	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Oscar Longoria State Represe	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana-Maria Ramos 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.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	nent Fund				00031590)
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		E. Sam Harless	State Represer	ntative	
paper to complete this report if necessary.)						
	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.)		Senfronia Thom	pson State Rep	resentative	
(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.)		Stan Gerdes St	ate Representat	ive	
(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.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trenton Ashby	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Canales	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose Sta	ate 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.)					

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12 COMMITTEE NAME	_				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez Fis	scher State Rep	oresentative	
(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.)		Venton Jones St	ate Representa	itive	
(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.)	A. Supported	Vincent Perez S	tate 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	nent Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Yvonne Davis State Represent	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Borris Miles State Senator		
(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.)		C. Brandon Creighton State Se	enator	
(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.)				
		•			

FORM MPAC

						Page 20 of 50
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Birdwell	State Senator	1	
(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.)		Carol Alvarado	State Senator		
(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.)	A. Supported	Cesar Blanco	State Senator		
(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.)					

					Page 21 of 50
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Donna Campbell State Senator		
(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.)		Paul Bettencourt State Senator		
(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.)		Jose Menendez State Senator		
(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.)				
		•			

				Page 22 of 50
			13 Filer ID	(Ethics Commission Filers)
nment Fund			00031590)
Candidates (Identify by name or, if applicable, classify by party.)		Lois Kolkhorst State Se	nator	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if				
	<u> </u>			
(Identify by name or, if		Molly Cook State Senat	:or	
	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.)				
Candidates (Identify by name or, if	A. Supported	Morgan LaMantia State	Senator	
	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.)				
	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 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 applicable, classify by party.) 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 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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. 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 Molly Cook State Senate Sen	I. Candidates (dentify 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 (dentify by name or, if applicable, classify by party.) B. Opposed 4. Supported Molly Cook State Senator Molly Cook State Senator Molly Cook State Senator Molly Cook State Senator B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 4. Supported Morgan LaMantia State Senator Morgan LaMantia State Senator Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.)

						Page 23 of 50
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund				00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Peter Flores St	ate Senator		
(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				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Phil King State	Senator		
(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.)		Sarah Eckhardt	State Senator		
(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					
	(Identify by name or, if applicable, classify by party.)					

FORM MPAC

					ADDENDUM Page 24 of 50
				13 Filer ID	(Ethics Commission Filers)
ment Fund					(Eurica Commission Filera)
Candidates (Identify by name or, if		orted	Juan Hinojosa State Senator		
	В. Орро	sed			
2. Measures (Describe by date and location of election and nature of issue.)					
Officeholders Assisted (Identify by name or, if					
applicable, classify by party.) 1. Candidates (Identify by name or, if	A. Supp	orted	Schwertner Charles State Sen	ator	
	В. Орро	sed			
2. Measures (Describe by date and location of election and nature of issue.)					
	Б. Орро				
Assisted (Identify by name or, if					
	(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. Oppo 2. Measures (Describe by date and location of election and nature of issue.) B. Oppo 3. Officeholders Assisted A. Suppo B. Oppo	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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	A. Supported Juan Hinojosa State Senator (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 Schwertner Charles State Sen. B. Opposed A. Supported Schwertner Charles State Sen. B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Schwertner Charles State Sen. 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 A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Schwertner Charles State Senator B. Opposed A. Supported Schwertner Charles State Senator B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

			25 of 50
17 COMMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
НСА Теха	s Good Government Fund	00031590	
19 SCHEDULE	SURTOTALS		I
NAME OF S			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
			l T
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$
	ORGANIZATION		9
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	
5.	LABOR ORGANIZATION	(IIIOIV OIL	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 400.00
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		
7.	ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
] ^{3.} L	SCHEDOLE E. LOANS		3
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 70,500.00
-			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		 \$
			_
1	COLUED III E FO. DUDOLIACE OF INVESTMENTS FROM ROUTION CONTRIBUTION	ano.	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
⊔	CONEDULE I. NON I CENTONE EXILENDITORES I NOM I CENTONE CONTRIBOTRO	5140	9
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	
15. X	TO FILER		\$ 1,501.50
-			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp	Schedule C3: t: 26/50	
2	2 FILER NAME HCA Texas Good Government Fund			3	Filer ID 00031590	(Ethics Commission Filers)	
4	Date 11/25/2024	5	Corporation / Labor Organization name HCA, Inc.	6	Amount (\$)	400	0.00

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 1/23 Rpt: 27/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Alvarado, Carol (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 230842
Expenditure from corporate funds	Houston, TX 77223-0842
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
	Carol Alvarado/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Ashby, Trenton (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 412
Expenditure from corporate funds	Lufkin, TX 75902-0412
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
	Trenton Ashby/Support/2024 General
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/13/2024	Bell, Cecil (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 819
Expenditure from corporate funds	Magnolia, TX 77355
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
	Cecil Bell/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 2/23 Rpt: 28/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/28/2024	Bettencourt, Paul (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 Greenway Plz, Ste 225
Evponditure from	
Expenditure from corporate funds	Houston, TX 77046-0106
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	r dui Bettertouri Supporti 2024 General
O Committee ONII V if allowed	On did to 10 ff as hald a grant Off as a south
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payeo namo
11/13/2024	Payee name Birdwell, Brian (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1111
Expenditure from	
corporate funds	Grandbury, TX 76048
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
	Brian Birdwell/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/13/2024	Blanco, Cesar (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 27074
Expenditure from corporate funds	El Paso, TX 79926-7074
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Cesar Blanco/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DETICITE C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica		vards/Memoriais Expense Services		Printing Expense Fravel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
Credit Card Payment	The	nstruction Guide explains	how to con	nplete	this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
Sch: 3/23 Rpt: 29/50 HCA Texas		d Government Fund					00031590		
4 Date	5 Payee name				•				
10/28/2024	Bucy, John (Rep).)							
6 Amount (\$)	7 Payee address;	City; State	; Zip Coo	de					
\$500.00	6633 E Highway	290, Ste 104							
Expenditure from corporate funds	Austin, TX 7872	3-1157							
8 PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	nedule)	(b) [Description				
OF EXPENDITURE		onations Made By	icuaic)	· [_ :	outsio	de of Texas. Com	plete Schedule T.	
EXPENDITURE	Candidate/Office	eholder/Political Comm	nittee		_		officeholder living		
				J	lohn Bucy/Su	ıpp	ort/2024 Ge	eneral	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehol	der name (Office soug	jht			Office he	eld	
Date	Payee name								
10/28/2024	Bumgarner, Ben	jamin (Rep.)							
Amount (\$)	Payee address;	City; State	; Zip Coo	de					
\$500.00	5150 Kensingtor	n Ct.							
Expenditure from									
corporate funds	Flower Mound,	TX 75022							
PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	nedule)	(b) [Description				
OF EXPENDITURE		nations Made By		Ē	⊒			plete Schedule T.	
	Candidate/Office	eholder/Political Comm	nittee	Ļ	_		officeholder living	ort/2024 General	
				_	berijarilir bari	ngc	инеп/Зарра	nt/2024 General	
Complete ONLY if direct	Candidate/Officehol	der name (Office soug	ıht			Office he	-ld	
expenditure to benefit C/OI		doi namo	omee seag	,			0111001110	Sid.	
Date	Daves name								
11/13/2024	Payee name Burrows, Dustin	(Pen)							
			7in Con						
Amount (\$) \$1,500.00	Payee address; P.O. Box 2569	City; State	; Zip Coc	ie					
\$1,500.00	P.O. BOX 2509								
Expenditure from									
corporate funds	Lubbock, TX 79								
PURPOSE OF		gories listed at the top of this sch	nedule)	(b) [Description		de of Toyon Com	ploto Cobodulo T	
EXPENDITURE		onations Made By eholder/Political Comm	nittee	F	⊒		officeholder living	plete Schedule T. gexpense	
	Garrandato/ Grinot	moradini dinidal domin		Ī	コ Dustin Burrow				
Complete ONLY if direct	Candidate/Officehol	der name (Office soug	ht			Office he	eld	
expenditure to benefit C/OI	ł								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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
OTHER (onto a category pet listed above)

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: 4/23 Rpt: 30/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Button, Angie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 832748
- Funanditura from	
Expenditure from corporate funds	Richardson, TX 75083-2748
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	7 tilgie Battori/Support/2024 Scherti
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nomo
	Payee name
10/28/2024	Campbell, Donna (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 171002
Expenditure from	
corporate funds	San Antonio, TX 78217-8002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donna Campbell/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
11/13/2024	Canales, Terry (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	310 S. Closner Blvd
Expenditure from	
corporate funds	Edinburg, TX 78539
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
	Terry Canales/Support/2024 General
Commission Chill V II alling	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 5/23 Rpt: 31/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/28/2024	Capriglione, Giovanni (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 92007
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Giovanni Capriglione/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/28/2024	Collier, Nicole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 24241
Expenditure from corporate funds	Ft Worth, TX 76124-1241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Nicole Collier/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Cook, Molly (Sen.)
Amount (\$)	
()	
\$1,000.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Molly Cook/Support/2024 General
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment		
orean outer aymon	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	;)
Sch: 6/23 Rpt: 32/50	HCA Texas Good Government Fund 00031590	
4 Date	5 Payee name	
10/28/2024	Creighton, C. Brandon (Sen.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	2257 N Loop 336 W, Ste 140	
Expenditure from corporate funds	Conroe, TX 77304-3566	
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	
	C. Brandon Creighton/Support/2024 General	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/13/2024	Darby, Drew (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 3284	
Expenditure from corporate funds	San Angelo, TX 76902-3284	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Drew Darby/Support/2024 General	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
		_
Date	Payee name	
10/28/2024	Davis, Yvonne (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 763368	
Expenditure from		
corporate funds	Dallas, TX 75376-3368	
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 Check if Austin, TX, officeholder living expense	
	Yvonne Davis/Support/2024 General	
Complete CAU V if dire-+	Condidate/Officeholder name Office cought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7/23 Rpt: 33/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/28/2024	Eckhardt, Sarah (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 301586
\$1,000.00	F.O. BOX 301300
Expenditure from	
corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Sarah Eckhardt/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Douge name
	Payee name
11/13/2024	Flores, Peter (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1005 Congress Avenue
	Ste. 580
Expenditure from corporate funds	Austin, TX 78701
•	
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
	Peter Flores/Support/2024 General
	Total Horososapportuzuz Festivitat
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/13/2024	Gamez, Erin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	777 E. Harrison
4000.00	
Expenditure from	Dec. 10 114 TV 70500
corporate funds	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Erin Gamez/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting 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: 8/23 Rpt: 34/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Gerdes, Stan (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 1060
Expenditure from corporate funds	Smithville, TX 78957
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
	Stan Gerues/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/28/2024	Geren, Charlie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
Expenditure from corporate funds	Ft Worth, TX 76101-1440
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 Charlie Geren/Support/2024 General
	Chame Geren/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefit 6/01	•
Date	Payee name
10/28/2024	Gervin-Hawkins, Barbara (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 39602
Expenditure from corporate funds	San Antonio, TX 78218-6602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	baibaia Gerviii-nawkiiis/Support/2024 Gerieral
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
4 7	· · · · · · · · · · · · · · · · · · ·						
1 Total pages Schedule F1: Sch: 9/23 Rpt: 35/50	2 FILER NAME HCA Texas Good Government Fund 3 Filer ID (Ethics Commission Filers) 00031590						
-							
4 Date	5 Payee name						
10/28/2024	HOSPAC						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$20,000.00	1108 Lavaca Street, Ste 700						
Expenditure from	Austin TV 70701						
corporate funds	Austin, TX 78701						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committee						
	Support/2024 Contribution						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialiture to beliefit C/O							
Date	Payee name						
11/13/2024	Harless, E. Sam (Rep.)						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	15814 Champion Forest Dr.						
	PMB #312						
Expenditure from							
corporate funds	Spring, TX 77379						
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						
	E. Sam Harless/Support/2024 General						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialitate to beliefit 6/01	'						
Date	Payee name						
11/13/2024	Harris, Cody (Rep.)						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	312 Glenwood Dr.						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Expenditure from	Delective TV 75001						
corporate funds	Palestine, TX 75801						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
-	Candidate/Officeholder/Political Committee						
	Cody Harris/Support/2024 General						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialities to beliefft C/OI	·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/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: 10/23 Rpt: 36/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/28/2024	Harris Davila, Caroline (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
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/Officeholder/Political Committee
	Caroline Harns Barna Capport 2024 Central
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/13/2024	Hefner, Cole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
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 Cole Hefner/Support/2024 General
	Cole Hemen/Support/2024 General
Commission ONLY if dispose	Condidate Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
11/13/2024	Hegar, Glenn
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	815-A Brazos #389
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Glenn Hegar/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Consuling 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: 11/23 Rpt: 37/50	HCA Texas Good Government Fund 00031590
4	Date	5 Payee name
	11/13/2024	Hernandez, Ana (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 15538
Ш	Expenditure from corporate funds	Houston, TX 77220-5538
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
		Ana Hernandez/Support/2024 General
_		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Hernandez, Cassandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 793671
	4000.00	
	Expenditure from corporate funds	Dallas, TX 75379
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Cassandra Hernandez/Support/2024 General
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_	Dete	
	Date	Payee name
	10/28/2024	Hinojosa, Gina (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 300095
	Expenditure from corporate funds	Austin, TX 78703-0002
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Gina Hinojosa/Support/2024 General
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Pri Sa	•	ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter	
1 Total pages Schedule F1:	2 FILER NAME		•	'	-	3 Filer ID	(Ethics Commission Filers)
Sch: 12/23 Rpt: 38/50	l	Good Government	Fund			00031590	(_a
4 Date	5 Payee name					•	
11/13/2024	Hinojosa, Jı	ıan (Sen.)					
6 Amount (\$)	7 Payee addre	ss; City;	State; Z	ip Code			
\$1,000.00	P.O. Box 14		,				
Expenditure from corporate funds	Austin, TX	7 8767					
8 PURPOSE	(a) Category (Se	ee Categories listed at the top	p of this schedule	e) (I	Description		
OF EXPENDITURE		s/Donations Made				outside of Texas. Cor	
	Candidate/0	Officeholder/Politica	ıl Committe	e		n, TX, officeholder livir sa/Support/202	
					oudin i iii ojoo	.а. Сарроі і 202	T Contoral
Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Offic	e sough	nt	Office h	neld
Date	Davies rome						
10/28/2024	Payee name Howard, Do	nna (Don)					
			0				
Amount (\$)	Payee addre	•	State; Z	ip Code	9		
\$500.00	5925 Mesa	Verde Circle					
Expenditure from corporate funds	Austin, TX	78749					
PURPOSE	(a) Category (Se	ee Categories listed at the top	p of this schedule	e) (i	Description		
OF EXPENDITURE		ns/Donations Made			<u> </u>	outside of Texas. Cor n, TX, officeholder livir	
	Candidate/C	Officeholder/Politica	ıı Committe	e	ш	ard/Support/202	
					Bomia Howa	и ал о арроги до.	- 1 Conoral
Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Offic	e sough	nt	Office h	neld
Date	Payee name						
10/28/2024	Hull, Lacey	(Rep.)					
Amount (\$)	Payee addre	ss; City;	State; Z	ip Code	e		
\$500.00	PO Box 192	231					
Expenditure from corporate funds	Houston, T	< 77724					
PURPOSE	(a) Category (Se	ee Categories listed at the top	p of this schedule	e) (I	Description		
OF EXPENDITURE		s/Donations Made				outside of Texas. Cor n, TX, officeholder livir	·
	Candidate/C	Officeholder/Politica	u Committe	e		upport/2024 G	
Complete ONLY if direct		ceholder name	Offic	e sough	nt	Office h	neld
expenditure to benefit C/OI	1						

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/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: 13/23 Rpt: 39/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Hull, Lacey (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from	
corporate funds	Houston, TX 77724
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
	Eddely Fidin Support 2024 Schera
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/22/2024	Hull, Lacey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77724
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
	Lacey Hull/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/13/2024	Johnson, Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 56386
Ψ1,000.00	1.0. 20X 00000
Expenditure from corporate funds	Houston, TX 77256
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Ann Johnson/Support/2024 General
Operation Children	Open districts (Office health are now as a constant of the con
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

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: 14/23 Rpt: 40/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/28/2024	Jones, Venton (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1075 Griffin Street West
φοσο.σσ	Suite 212
Expenditure from	
corporate funds	Dallas, TX 75215
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 Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Venton Jones/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/13/2024	King, Phil (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
. ,	
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Tim rung/supports232 i sonora.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
11/13/2024	Kolkhorst, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 2546
Expenditure from corporate funds	Brenham, TX 77834-2546
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Lois Noikilois// Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award: Committee Legal Serv	lage Expense s/Memorials Expense ces ruction Guide explains h		ense ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above	ve)
1	Total pages Schedule F1:	P FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Sch: 15/23 Rpt: 41/50	HCA Texas Good C	Sovernment Fund			00031590	
4	Date	Payee name					
	10/28/2024	LaMantia, Morgan (Sen.)				
6	Amount (\$)	Payee address; C	ity; State;	Zip Cod	е		
	\$1,000.00	1324 East Madison					
Ш	Expenditure from corporate funds	Brownsville, TX 785	520				
8	PURPOSE	a) Category (See Categorie	es listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE	Contributions/Dona	•			outside of Texas. Complete Schedule T.	
		Candidate/Officeho	lder/Political Commi	ttee	ш	, TX, officeholder living expense	
					Morgan Law	antia/Support/2024 General	
9	Complete ONLY if direct	Candidate/Officeholder	namo O	ffice soug	ht	Office held	
9	expenditure to benefit C/Oh	Candidate/Officeriolder	name O	ince soug		Office field	
	Date	Payee name					
	11/13/2024	Lalani, Suleman (R	ep.)				
	Amount (\$)	Payee address; C	ity; State;	Zip Cod	e		
	\$500.00	PO Box 6514					
	Expenditure from corporate funds	Houston, TX 77265					
	PURPOSE OF	a) Category (See Categorie	es listed at the top of this sche	edule)	b) Description		
	EXPENDITURE	Contributions/Dona			<u> </u>	outside of Texas. Complete Schedule T.	
		Candidate/Officeno	lder/Political Commi	ttee	ш	, TX, officeholder living expense ani/Support/2024 General	
					Sulcinan Lan	ani/Support/2024 Ocherai	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice soug	ht	Office held	
	Date	Payee name					
	11/13/2024	Longoria, Oscar (R	ep.)				
	Amount (\$)	Payee address; C	ity; State;	Zip Cod	е		
	\$500.00	PO Box 4224					
_	Expenditure from						
	corporate funds	Mission, TX 78573-	0073				
	PURPOSE	a) Category (See Categoric	es listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE	Contributions/Dona				outside of Texas. Complete Schedule T.	
		Candidate/Officeho	lder/Political Commi	ttee	_	, TX, officeholder living expense	
					Ustai Lungu	ria/Support/2024 General	
_	Complete ONLY if direct	Candidate/Officeholder	nama	ffice soug	ht	Office held	
	expenditure to benefit C/O	Candidate/Officeriolder	name 0	mue soug	iii.	Office field	
_							

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

Travel in Travel Ou

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
Sch: 16/23 Rpt: 42/50	HCA Texas Good Government Fund 00031590					
4 Date	5 Payee name					
10/28/2024	Martinez, Armando (Rep.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	PO Box 1651					
Expenditure from corporate funds	Weslaco, TX 78599-1651					
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					
	Armando Martinez/Support/2024 General					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Davida marea					
10/28/2024	Payee name Martinez Fischer, Trey (Rep.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	6410 Laurel Hill Dr					
Expenditure from corporate funds	San Antonio, TX 78229-4235					
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					
	Trey Martinez Fischen Support 2024 Seneral					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
10/28/2024	Menendez, Jose (Sen.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 761780					
Expenditure from corporate funds	San Antonio, TX 78245-6780					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Jose Menendez/Support/2026 Primary					
Commission ONII V if dispose	Condidate/Officeholder name					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment		gal Services	Salaries/V		e /Contract Labor		OTHER (enter a	category not listed above)
Credit Card Payment	Т	he Instruction Guide expl	ains how to co	mple	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 17/23 Rpt: 43/50	HCA Texas G	ood Government Fur	nd				00031590	
4 Date	5 Payee name							
11/13/2024	Meyer, Morga	ın (Rep.)						
6 Amount (\$)	7 Payee address	; City; S	State; Zip Co	de				
\$500.00	3838 Oak Lav	vn Ave, Ste 400						
Expenditure from corporate funds	Dallas, TX 75	219-4506						
8 PURPOSE	(a) Category (sac	Categories listed at the top of th	ic cohodulo)	(b)	Description			
OF		Donations Made By	iis scriedule)	()		outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE		ficeholder/Political Co	ommittee		—		officeholder living	
					Morgan Meye	er/S	Support/2024	4 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	holder name	Office sou	ght			Office he	eld
experientare to benefit 6/01	1							
Date	Payee name							
11/13/2024	Miles, Borris	(Sen.)						
Amount (\$)	Payee address	; City; S	State; Zip Co	de				
\$1,500.00	5302 Almeda	Rd						
Expenditure from corporate funds	Houston, TX	77004-7440						
PURPOSE	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
OF EXPENDITURE		Donations Made By	,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.
EXPENDITORE	Candidate/Of	ficeholder/Political Co	ommittee		ш		officeholder living	
					Borris Miles/S	sup	port/2024 G	eneral
One of the ONE Wife disease	0	la alalan na na na	0#:				04:	-1-1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	noider name	Office sou	gnt			Office he	eia
·								
Date	Payee name							
10/28/2024	Moody, Josep	oh (Rep.)						
Amount (\$)	Payee address	•	State; Zip Co	de				
\$500.00	PO Box 9208	27						
Expenditure from								
corporate funds	El Paso, TX 7	9902-0015						
PURPOSE	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
OF EXPENDITURE		Donations Made By			<u></u>			plete Schedule T.
	Candidate/Of	ficeholder/Political Co	ommittee		Joseph Mood		officeholder living	•
					JUSEPH WIUUU	ıy/ C	ωρροιάΖυΖ	- Ochera
Complete ONLY if direct	Candidate/Office	holder name	Office sou	aht			Office he	2ld
expenditure to benefit C/OI		HOIGE HAITIE	Onice 300	grit			Office He	JIU

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

	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: 18/23 Rpt: 44/50	HCA Texas Good Government Fund 00031590
4	Date	5 Payee name
	11/13/2024	Morales, Eddie (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	352 Hillcrest Blvd
	Expenditure from corporate funds	Eagle Pass, TX 78852
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Eddie Morales/Support/2024 General
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	Noble, Candy (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1105 E. Main Street #223
	Expenditure from corporate funds	Allen, TX 75002
	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. Check if Austin TV officeholder living supposes
		Candidate/Officeholder/Political Committee Candy Noble/Support/2024 General
		Candy Nobie/Support/2024 General
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	11/13/2024	Ordaz Perez, Claudia (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 71738
	- Companyity was finance	
	Expenditure from corporate funds	El Paso, TX 79917
	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 Claudia Ordaz Perez/Support/2024 General
		Ciaudia Ordaz r erezi Supportizoza General
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	y
1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 19/23 Rpt: 45/50	HCA Texas Good Government Fund 00031590	
4 Date	5 Payee name	
11/13/2024	Orr, Angelia (Rep.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 337	
Expenditure from corporate funds	Itasca, TX 76055	
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 Candidate/Officeholder living expense	
	Angelia Orr/Support/2024 General	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/28/2024	Patterson, Jared (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	4412 Sapphire Dr	
Expenditure from corporate funds	Frisco, TX 75034	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Jared Patterson/Support/2024 General	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/13/2024	Paul, Dennis (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	626 1/2 Barringer Lane, Suite A	
Expenditure from corporate funds	Webster, TX 77598	
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	
	Dennis Paul/Support/2024 General	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 20/23 Rpt: 46/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Perez, Vincent
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 71309
Expenditure from corporate funds	El Paso, TX 79917
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
	Vincent Perez/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/13/2024	Ramos, Ana-Maria (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 852227
Expenditure from corporate funds	Richardson, TX 75085
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
	Ana-Maria Ramos/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Rose, Toni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241-0867
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Toni Rose/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 21/23 Rpt: 47/50	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
11/13/2024	Rosenthal, Jon (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 56386
Expenditure from corporate funds	Houston, TX 77256-6386
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Jon Rosenthal/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	-
Date	Payee name
11/13/2024	Schofield, Mike (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	934 Hidden Canyon Rd.
Expenditure from corporate funds	Katy, TX 77450
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Mike Schofield/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
11/13/2024	Schwertner, Charles (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627-2448
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Charles Schwertner/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Comm

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

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

The Instruction Guide explains how to complete this form.	
2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
HCA Texas Good Government Fund 00031590	
5 Payee name	
Shaheen, Matt (Rep.)	
7 Payee address; City; State; Zip Code	
3917 Malton Dr.	
Plano, TX 75025	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TX efficiency living synapses	
Sarrandator Sincorrotativi Sincoar Scriminatos	
Watt Shaheen/Support/2024 General	
Condidate/Officeholder name Office cought Office hold	
	_
Payee name	
Simmons, Lauren	
Payee address; City; State; Zip Code	
P.O. Box 56386	
Houston, TX 77256	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Contributions/Donations Made By	
Sarrandado, Sinosirolas, Fondos Soriumados	
Lauren Simmons/Support/2024 General	
· · · · · · · · · · · · · · · · · · ·	
	_
Payee name	
Thompson, Senfronia (Rep.)	
Payee address; City; State; Zip Code	
8611 Peachtree St	
Houston, TX 77016-5811	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Contributions/Donations Made By	
Candidate/Officeholder/Political Committee	
Senfronia Thompson/Support/2024 General	
	The Instruction Guide explains how to complete this form. 2 FILER NAME

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting 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: 23/23 Rpt: 49/50	HCA Texas Good Government Fund 00031590						
4 Date	5 Payee name						
10/28/2024	Troxclair, Ellen (Rep.)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00	701 HWY 281						
Expenditure from	Ste. H #196						
corporate funds	Marble Falls, TX 78654						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Ellen Troxclair/Support/2024 General						
	Elich Hoxelan Support 2024 Schola						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							
Date	Payee name						
10/28/2024	Walle, Armando (Rep.)						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
\$1,000.00	4826 Hollybrook Lane						
Evpanditura from							
Expenditure from corporate funds	Houston, TX 77039						
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						
	, amando wandoupportizoza deneral						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							
Date	Payee name						
10/28/2024	Zwiener, Erin (Rep.)						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	P.O. Box 184						
Expenditure from corporate funds	Driftwood, TX 78619						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Erin Zwiener/Support/2024 General						
	Emi Zwienenoupporuzoza Ocherui						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

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

SCHEDULE K

╙					
The Instruction Guide explains how to complete this form.					ages Schedule K: /1 Rpt: 50/50
2 FILER NAME 3 Filer			Filer ID	(Ethics Commission Filers)	
HCA Texas Good Government Fund			1	00031	
┝	Date 5 Name of person from whom amount is received				8 Amount (\$)
*					· ·
l	11/12/2024	LaMantia, Morgan (Sen.)			\$1,000.00
l	6 Address of person from whom amount is received; City; State; Zip Code				
l					
l					
l		Brownsville, TX 78520			
l		7 Purpose for which amount is received X Check if p	al contr	ribution returned to filer	
l		Void of contribution			
F	Date	Name of person from whom amount is received			Amount (\$)
l	11/22/2024	Shaheen, Matt (Rep.)			\$500.00
l		Address of person from whom amount is received; City; State; Zip Code			
l		Address of person from whom amount is received, City, State, 21p Code			
l					
l		Plano, TX 75025			
l			مانات	al a a satu	ile stiere wet sweet to file w
l	Purpose for which amount is received X Check if political con				ibution returned to liler
L	Void of 11/13/2024 Contribution				
l	Date	Name of person from whom amount is received			Amount (\$)
l	10/31/2024	Wells Fargo Bank			\$1.42
		Address of person from whom amount is received; City; State; Zip Code			
l					
l		Irving, TX 75038			
l	Purpose for which amount is received		al contr	ribution returned to filer	
Interest					
Date Name of person from whom amount is received Amount (\$)					Amount (\$)
l	10/31/2024	Wells Fargo Bank			\$0.08
l		Address of person from whom amount is received; City; State; Zip Code			40.00
l					
l					
l		Irving, TX 75038			
l		<u> </u>	olitio	al contr	ribution returned to filer
l	Purpose for which amount is received				ibulion returned to mer
┝		microsc			
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