### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

Th	ne MPAC Instruction (	2 Total pages filed: 7							
00016545 3 COMMITTEE NAME						OFFICE USE ONLY			
	Friends of Baylor Med								
	<b>- ,</b> -					Date Received ELECTRONICALLY FILED 12/05/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CIT	Y; STATE; ZIP					
	ADDRESS	1550 Lamar Street, Suite 2000							
	Change of Address	Houston, TX 77010-4106				Date Hand-delivered or Date Postmarked			
5	CAMPAIGN	MS/MRS/MR FIRST			MI				
ľ	TREASURER	Mr. Paul A.				Receipt # Amount			
	NAME								
						Date Processed			
		NICKNAME LAST			SUFFIX				
		Braden				Date Imaged			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; C	CITY; STA	TE; ZIP CODE			
	TREASURER STREET	2200 Ross Avenue							
	ADDRESS	Suite 3600							
	(Residence or Business)	Dallas, TX 75201							
7	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #; C	CITY; STA	ATE; ZIP CODE			
Ľ	TREASURER	2200 Ross Avenue		AF1730ITE#, C	JIT, JI <i>F</i>	ATE, ZIF CODE			
	MAILING								
	ADDRESS	Suite 3600							
		Dallas, TX 75201							
8		AREA CODE PHONE NUMBER		EXTENSIC	DN				
	TREASURER PHONE	(214) 855-8189							
9	REPORT TYPE	X Monthly	Γ	10th day after campa treasurer termination	<b>v</b>	Dissolution (Attach PAC-DR)			
10	MONTHLY REPORT FILING	January 5 April	5	July	/ 5	October 5			
	DEADLINE								
		February 5 May	5	Αυς	gust 5	November 5			
		March 5 June	e 5	Ser	otember 5	X December 5			
11	. PERIOD COVERED	Month Day Year	THR	OUGH	Month	Day Year			
		10/26/2024			11/25/2	024			
			τΛ						
	GO TO PAGE 2								
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2								

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Baylor Med			00016545	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	17,000.00
EXPENDITURE		DGES, LOANS, OR GUARANTEES OF LOANS)		
TOTALS			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	141,943.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING 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.		
		Mr. Paul	A. Braden	
		Signature of Car		irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - MPAC	FORM MPAC OVER SHEET PG 3 3 of 7		
17 COMMITTEE NAME Friends of Baylor Med	18 Filer ID 00016545	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 17,000.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION	LABOR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORI LABOR ORGANIZATION	PORATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	ORGANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA ORGANIZATION	ABOR	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	BOR ORGANIZATION	\$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$ 2,500.00	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRI	BUTIONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRI	BUTIONS	\$	
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$ 3,500.00	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Friends of Baylor Med					00016545	
4	Date		te PAC (ID# <sup>.</sup>	)	7	Amount of Contribution (\$)	
Ľ	11/14/2024	Baker, Johnny		/	ľ	, and an e contaisation (+)	\$1,000.00
	11/1 //2021	6 Contributor address; City; State; Zip Code					\$1,000.00
		• Contributor address, City, State, Zip Code	5				
		Houston, TX 77055					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	L;)		
	Real Estate/				,		
⊨	Date	Full name of contributor		)		Amount of Contribution (\$)	
	11/14/2024	Baldwin, David	le PAC (ID#	)			\$2,500.00
	11/14/2024						φ2,300.00
		Contributor address; City; State; Zip Code	e				
		Houston, TX 77019-3214					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Partner			SCF Partners	''		
╞					_		
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	<b>#1</b> 000 00
	11/14/2024						\$1,000.00
		Contributor address; City; State; Zip Code	e				
		Houston, TX 77005					
-	Dringing ogg			Employer (See Instructions	<u> </u>		
Principal occupation / Job title (See Instructions) Employer (See Instruction Lawyer				Employer (See instructions	)		
╞	-				_		
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	<b>#1</b> 500 00
	11/14/2024	Gray, J. Cary					\$1,500.00
		Contributor address; City; State; Zip Code	e				
		Houston TX 77056					
	Deinsinglasse	Houston, TX 77056			Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	5)		
	Lawyer						
	Date	—	te PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024 Klotman, Paul E.				\$2,500.00		
	Contributor address; City; State; Zip Code						
Houston, TX 77006							
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	President-CEO, Executive Dean Baylor College of Media			ine			

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 5/7	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Friends of B	aylor Med			00016545	
	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
			)	ľ		¢1 E00 00
	11/14/2024	Mearse, William E.				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Retired		N/A			
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Mendenhall, Trinidad V.				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77024				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
	Investor			,		
╘	Investor					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Shapiro, Marc				\$5,000.00
		Contributor address; City; State; Zip Code				
	Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
⊢			<u>ا</u> ;)			
	Retired		N/A	,		
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## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Polling Expense       Travel out of District         Glft/Awards/Memorials Expense       Printing Expense       Travel Out of District         I Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/7	Friends of Baylor Med 00016545
4 Date	5 Payee name
11/20/2024	Huffman, Joan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	3733-1 Westheimer, #40
Expenditure from corporate funds	Houston, TX 77027
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense State Senate, District 17</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

	The Instru	ctio	on Guide explains how to complete this form.			ages Schedule K: /1 Rpt: 7/7
2	FILER NAME 3 Filer ID			(Ethics Commission Filers)		
	Friends of Baylor Med 00016			545		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	11/20/2024		Campos, Liz			\$1,000.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			San Antonio, TX 78255			
		7	Purpose for which amount is received X Check if p	olitic	al contr	ibution returned to filer
			Check returned due to insufficient address.			
	Data		Name of person from whom amount is received			Amount (作)
	Date 11/04/2024		Name of person from whom amount is received			Amount (\$)
	11/04/2024		Huffman, Joan			\$2,500.00
			Address of person from whom amount is received; City; State; Zip Code			
			Houston TX 77007			
			Houston, TX 77027			
			Purpose for which amount is received Stale-dated check returned by campaign.	olitic	al contr	ibution returned to filer
			State-dated check returned by campaign.			