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) 00016982 3 COMMITTEE NAME **OFFICE USE ONLY** Jackson Walker L.L.P. Political Action Committee Date Received **ELECTRONICALLY FILED** 12/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 Congress Ave. #1100 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Jonathan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Neerman CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 2323 Ross Avenue, Suite 600 STREET **ADDRESS** (Residence or Business) Dallas, TX 75201-2725 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 953-5822 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.F	P. Political Action Commit	ttee	00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Trent Ashby State Representa	tive	
(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.)			
	1			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	64,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	60,258.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,156.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the ac nation required	ccompanying report is to be reported by me
		Mr. Jonatha	an Neerman	
		Signature of Car		er
AFFIX NOTA	RY STAMP / SEAL ABOVE	Signature of Gar	npaign rroada	
Sworn to and subscrib	ned hefore me, by the said	, th	nis the	day
of	, 20 , to certify	which, witness my hand and seal of office.		<u> </u>
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

							Page 3 of 32
12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	tical Action Committe	ee				00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brandon Creigh	ton State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	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	Judith Zaffirini	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	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.)		Supported	Carol Alvarado	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
		•					

L4 COMMITTEE 1 ACTIVITY (cal Action Committe			13 Filer ID	(Ethics Commission Filers)
ACTIVITY (1	cal Action Committe			120 1 1101 12	(Ethics Commission Filers)
ACTIVITY (1		.ee		00016982	
["	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representation	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
J) Id	2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
l ₍₁	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
ACTIVITY (1	1. Candidates Identify by name or, if applicable, classify by party.)		Kelly Hancock State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
J)	2. Measures [Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
l ₍₁	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Senfronia Thompson State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
J) Id	Measures Describe by date and ocation of election and nature of issue.)	A. Supported B. Opposed			
		2. 566			
l ₍₁	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM MPAC

					Page 5 of 32
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. P	olitical Action Committ	ee		00016982	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker 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			
		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.)		Giovanni Capriglione State Rep	oresentative	
(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.)	A. Supported	Adam Hinojosa 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			
		B. Opposed			
	Officeholders Assisted (Identify by pame or, if				
	(Identify by name or, if applicable, classify by party.)				

						Page 6 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	itical Action Committe	tee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.))	Robert Nichols	s 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	1. Candidates (Identify by name or, if applicable, classify by party.))	Brad Nuckley	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John McQuee	ney State Repres	sentative	
(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.)	<u>1</u>				

						Page 7 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	itical Action Committe	:ee			00016982	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.))	Will Metcalf Sta	te Representativ	e	
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.)		Brent Hagenbuc	h 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.)		Chris Turner St	ate Representativ	ve	
(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.)					
	applicable, classify by party.)					

					Page 8 of 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committe	.ee		00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero 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.)		Jeff Leach State Representativ	re	
(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.)		Molly Cook 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.)				
	1,,				

						Page 9 of 32
L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. P		:ee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Juan Hinojosa	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				
		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.)		Bryan Hughes	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	Phil King 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				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

						Page 10 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	itical Action Committe	:ee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwer	rther State Senat	tor	
(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.)		Greg Bonnen S	State 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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Bowers	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.)					
	applicable, classify by party.)	l				

					Page 11 of 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Po	litical Action Committ	ee		00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana Johnson State Representa	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Martinez State Repres	sentative	
(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.)		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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

						Page 12 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committ	ee			00016982	2
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slawso	n 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	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes S	State 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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Birdwell	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 13 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committ	ee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mayes Middleto	n 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.)		Caroline Davilla	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair	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 party.)					

						Page 14 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	litical Action Committ	tee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Gonzale	s 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.)		Royce West S	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	Hilary Hickland	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.))				
	-	•				

cal Action Committe	ee			13 Filer ID	(Ethics Commission Filers)
	ee				(
Candidates				00016982	
(Identify by name or, if applicable, classify by party.)		Greg Abbott (Sovernor		
	B. Opposed				
2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported				
	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.)		Angela Paxtor	1 State Senator		
	B. Opposed				
2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported				
	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.)	A. Supported	Todd Hunter	State Representati	ive	
3	B. Opposed				
2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted (Identify by name or, if					
$\frac{1}{3}$ $\frac{1}$	Describe by date and ocation of election and ature of issue.) 3. Officeholders Assisted identify by name or, if pplicable, classify by party.) 3. Candidates identify by name or, if pplicable, classify by party.) 4. Measures Describe by date and ocation of election and ature of issue.) 5. Officeholders Assisted identify by name or, if pplicable, classify by party.) 6. Candidates identify by name or, if pplicable, classify by party.) 7. Measures Describe by date and ocation of election and ature of issue.) 7. Measures Describe by date and ocation of election and ature of issue.)	2. Measures Describe by date and patture of issue.) B. Opposed B. Opposed	2. Measures Describe by date and ocation of election and alture of issue.) B. Opposed 3. Officeholders Assisted Identify by name or, if pplicable, classify by party.) B. Opposed A. Supported Angela Paxtor dentify by name or, if pplicable, classify by party.) B. Opposed A. Supported Angela Paxtor dentify by name or, if pplicable, classify by party.) B. Opposed A. Supported B. Opposed B. Opposed	A. Supported Describe by date and adature of issue.) B. Opposed B. Officeholders Assisted Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Angela Paxton State Senator A. Supported Angela Paxton State Senator B. Opposed A. Supported Angela Paxton State Senator B. Opposed B. Opposed Describe by date and adure of issue.) B. Opposed B. Opposed A. Supported Describe to date and adure of issue.) B. Opposed A. Supported B. Opposed Describe by date and calculation of election and adure of issue.) B. Opposed B. Opposed B. Opposed Describe by date and calculation of election and adure of issue.) B. Opposed B. Opposed	2. Measures Describe by date and cation of election and ature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed A. Supported Angela Paxton State Senator Gentify by name or, if opplicable, classify by party.) B. Opposed A. Supported Angela Paxton State Senator B. Opposed A. Supported Angela Paxton State Senator B. Opposed Describe by date and caction of election and ature of issue.) B. Opposed B. Opposed A. Supported Describe by name or, if opplicable, classify by party.) C. Candidates Gentify by name or, if opplicable, classify by party.) B. Opposed A. Supported Describe by date and caction of election and ature of issue.) B. Opposed A. Supported Describe by date and caction of election and ature of issue.) B. Opposed A. Supported Describe by date and caction of election and ature of issue.) B. Opposed Describe by date and caction of election and ature of issue.) B. Opposed

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 16 of 32 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Jackson Walker L.L.P. Political Action Committee 00016982 14 COMMITTEE 1. Candidates A. Supported Bryan Hughes State Senator **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 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.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				17 of 32				
17 COMMITTI	EE NAME	(Ethics Co	ommission Filers)					
Jackson V	Nalker L.L.P. Political Action Committee	00016982						
19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT								
NAME OF	SCHEDULE		SUB	TOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	64,000.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	<u> </u>	\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$						
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	60,258.65					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 18/32	
2	FILER NAME Jackson Wa	ulker L.L.P. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00016982
4	Date 12/04/2024	Full name of contributor		7 Amount of Contribution (\$) \$42,000.00
		Dallas, TX 75201		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$22,000.00
		Dallas Tonga		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Great Gara Layment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/14 Rpt: 19/32	Jackson Walker L.L.P. Political Action Committe	ee 00016982
4 Date	5 Payee name	
12/10/2024	Abbott, Greg	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$10,000.00	P. O. Box 308	
Expenditure from		
corporate funds	Austin, TX 78767	
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 Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/03/2024	Alvarado, Carol	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1,500.00	P. O. Box 230842	
— Formanditure from		
Expenditure from corporate funds	Houston, TX 77223	
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	Check if Austin, TX, officeholder living expense Campaign contribution
		Campaign commodion
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	4	
Date	Payee name	
12/02/2024	Ashby, Trent	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1,000.00	P. O. Box 412	
— Foresaditore from		
Expenditure from corporate funds	Lufkin, TX 75902	
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	Check if Austin, TX, officeholder living expense Campaign contribution
		Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht 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

Contributions/ Donations Made By - Girl/Awards/memorials Expense Printing Expense I ravel Out or District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment					
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/14 Rpt: 20/32	Jackson Walker L.L.P. Political Action Committee 00016982				
4 Date	5 Payee name				
12/09/2024	Birdwell, Brian				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	P. O. Box 1111				
Expenditure from corporate funds	Granbury, TX 76048				
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 Campaign contribution				
	Campaign contribution				
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2024	Bonnen, Greg				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	P. O. Box 1183				
Expenditure from	Friendswood, TX 77549				
corporate funds					
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 Campaign contribution				
	Campaign contribution				
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				
12/05/2024	Bowers, Rhetta Andrews				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	3526 Lakeview Parkway				
	Suite B 211				
Expenditure from					
corporate funds	Rowlett, TX 75088				
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				
	Campaign contribution				
Operation Children	Overdistate (Office health and over a second to the control of the				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
3.,poa.a.a to bonom 0/01	· 				

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 3/14 Rpt: 21/32	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
12/03/2024	Buckley, Bradley
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Para a same
	Payee name
12/03/2024	Capriglione, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 92007
Expenditure from	
corporate funds	Southlake, TX 76092
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/05/2024	Cook, Molly
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	P. O. Box 667238
,	
Expenditure from	Houston, TX 77266
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
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
	Campaign contribution
	Sampaign sommand
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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: 4/14 Rpt: 22/32	Jackson Walker L.L.P. Political Action Committee 00016982								
4 Date	5 Payee name								
12/02/2024	Creighton, Brandon								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,500.00	2257 N. Loop 336								
Expenditure from	Suite 140-366								
corporate funds	Conroe, TX 77304								
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								
	Campaign contribution								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI									
Date	Payee name								
12/10/2024	Davila, Caroline								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	P. O. Box 700								
Expenditure from									
corporate funds	Round Rock, TX 78680								
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								
	Campaign contribution								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI	1								
Date	Payee name								
12/09/2024	Gerdes, Stan								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	P. O. Box 1060								
Expenditure from									
corporate funds	Smithville, TX 78957								
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								
	Campaign contribution								
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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 5/14 Rpt: 23/32	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
12/10/2024	Gonzalez, Mary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 450
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE	· · · · · · · · · · · · · · · · · · ·
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/03/2024	Hagenbuch, Brent
	9
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	2800 Shoreline Drive
Expenditure from	Suite 310
corporate funds	Denton, TX 76201
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
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	1
Date	Payee name
12/03/2024	Hancock, Kelly
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 821349
•	
Expenditure from	North Richland Hills, TX 76182
corporate funds	
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
	Campaign contribution
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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: Sch: 6/14 Rpt: 24/32	2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982
4 Date	5 Payee name
12/10/2024	Hickland, Hilary
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P. O. Box 1191
\$2,000.00	11 01 Box 1101
Expenditure from corporate funds	Belton, TX 76513
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
12/03/2024	Hinojosa, Adam
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	P. O. Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	G
Date	Payee name
12/05/2024	Hinojosa, Juan
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1508 S. Lone Star Way
	Suite 5B
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
LA LADITORL	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> 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		nmittee Legal Services	emorials Expense		pense ages/	e /Contract Labor	Trave	el Out of Dis ER (enter a	strict category not listed	i above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer	ID	(Ethics Comm	ission Filers)
	Sch: 7/14 Rpt: 25/32		Jackson Walker L.L.P	. Political Action C	Committe	ee		000	16982		
4	Date	5	Payee name								
	12/05/2024		Hughes, Bryan								
6	Amount (\$)	7	Payee address; City	; State;	Zip Co	de					
	\$1,500.00		P. O. Box 450								
	- Formanditure from										
	Expenditure from corporate funds		Mineola, TX 75773								
8	PURPOSE	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donatio	•			브			plete Schedule T.	
	-		Candidate/Officeholde	er/Political Commi	ttee		Campaign co			j expense	
							Campaign co	munbun	ווע		
_	Compulate ONII V if diseast	<u> </u>	San didata/Officals aldan na		#:				Office he	اما	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder na	ime O	ffice sou	gnı			Office he	eia	
	Date		Payee name								
	12/17/2024		Hughes, Bryan								
	Amount (\$)		Payee address; City	; State;	Zip Co	de					
	\$8.65		P. O. Box 450								
	Expenditure from corporate funds		Mineola, TX 75773								
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Exper	ise			-			plete Schedule T.	
							Check if Austin			j expense	
							ι ουαιρενειαί	ge expe	1130		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder na	mo O:	ffice soug	aht			Office he	ald.	
	expenditure to benefit C/O		andidate/Oniceholder ha	ine O	ilice sou(grit			Office rie	siu	
	Date		Payee name								
	12/11/2024		Hunter, Todd								
_	Amount (\$)	\vdash	Payee address; City	· Stato:	Zip Co	de					
	\$1,500.00		445 Capre Henry Driv	•	Zip Coi	ue					
	φ1,500.00		443 Capie Heiliy Dilv	C							
	Expenditure from corporate funds		Corpus Christi, TX 78	412							
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donatio	ns Made By			므			plete Schedule T.	
	-AI LINDITORE		Candidate/Officeholde	er/Political Commi	ttee		Check if Austin			j expense	
							Campaign co	ntributio	on		
	2 1										
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder na	ime O	ffice sou	ght			Office he	eld	
	Orialia.o to borioni O/OI	•									
Eor	me provided by Texas F	thic	c Commission	www othics st	tata ty u	<u></u>				Vorcion VA	1 0 5dd2aca2

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/14 Rpt: 26/32	2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982
4 Date	5 Payee name
12/05/2024	Johnson, Ana
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 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
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
12/03/2024	King, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 517
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	King, Phil
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 1913
,	
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. Polland to bollone 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 9/14 Rpt: 27/32	2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982
4 Date	5 Payee name
12/04/2024	Leach, Jeff
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 866186
Expenditure from	Diama TV 75000
corporate funds	Plano, TX 75086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Martinez, Armando
Amount (¢)	
Amount (\$)	
\$1,000.00	P. O. Box 1651
Expenditure from corporate funds	Weslaco, TX 78599
•	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	McQueeney, John
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P. O. Box 100458
Ψ300.00	1 . O. Box 100430
Expenditure from	
corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4 Tatal manua Cabadula E4.						
1 Total pages Schedule F1: Sch: 10/14 Rpt: 28/32	2 FILER NAME Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982					
4 Date	5 Payee name					
12/03/2024	Metcalf, Will					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	P. O. Box 454					
- "						
Expenditure from corporate funds	Conroe, TX 77305					
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					
	Campaign contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/10/2024	Middleton, Mayes					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	P. O. Box 1526					
Expenditure from corporate funds	Galveston, TX 77553					
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					
	Campaign contribution					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·					
Date	Payee name					
12/03/2024	Nichols, Robert					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	P. O. Box 2347					
Expenditure from corporate funds	Jacksonville, TX 75766					
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					
	Campaign continuution					
Complete CNII V if alia	Condidate/Officeholder name Office sought					
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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 11/14 Rpt: 29/32	Jackson Walker L.L.P. Political Action Committee 00016982
4	Date	5 Payee name
	12/03/2024	Parker, Tan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	P. O. Box 271741
Ш	Expenditure from corporate funds	Flower Mound, TX 75027
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
		Campaign contribution
_		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2024	Paxton, Angela
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P. O. Box 2878
	Expenditure from corporate funds	Flower Mound, TX 75070
	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
		Campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	12/04/2024	Romero, Ramon
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 181
	Expenditure from corporate funds	Fort Worth, TX 76101
	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
		Campaign contribution
_	Complete ONLY if direct	Condidate/Officeholder name Office sought
	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 Exp Legal Services The Instruction Guide	pense Pri Sa		ense ges/Contract Labor	Travel in Distr Travel Out of OTHER (ente	
1 Total pages Schedule F1:		2 FILER NAM	E				3 Filer ID	(Ethics Commission Filers)
	Sch: 12/14 Rpt: 30/32	Jackson W	/alker L.L.P. Politica	al Action Cor	mmitte	e	00016982	2
4	Date	5 Payee name	e					
	12/05/2024	Schwertne	r, Charles					
6	Amount (\$)	7 Payee addr	•	State; Zi	ip Cod	e		
	\$2,500.00	P. O. Box	2448					
	Expenditure from corporate funds	Georgetov	vn, TX 78627					
8	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule	e) (I	Description		
	OF EXPENDITURE		ons/Donations Made				l outside of Texas. Co	
		Candidate	/Officeholder/Politic	aı Committe	e	Campaign co	n, TX, officeholder liv	ing expense
						Campaign	บานามนนบท	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	e sougl	nt	Office	held
	expenditure to benefit C/OI							
	Date	Payee nam	e					
	12/05/2024	Simmons,	Lauren					
	Amount (\$)	Payee addr	ess; City;	State; Zi	ip Cod	е		
	\$500.00	P. O. Box	56386					
	Typonditure from							
Ĺ	Expenditure from corporate funds	Houston, 7	TX 77256					
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule	e) (I	Description		
	OF EXPENDITURE		ons/Donations Made				l outside of Texas. Co	
		Candidate	/Officeholder/Politic	aı Committe	ee	Campaign co	n, TX, officeholder liv	ing expense
						Campaigil of	on a location	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					held		
	expenditure to benefit C/OI							
	Date	Payee nam						
L	12/09/2024	Slawson, S	Shelby					
	Amount (\$)	Payee addr	ess; City;	State; Zi	ip Cod	e		
	\$1,000.00	P. O. Box	286					
	Expenditure from corporate funds	Stephenvi	le, TX 76401					
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule	e) (I	b) Description		
	OF EXPENDITURE	Contribution	ons/Donations Made	е Ву			l outside of Texas. Co	
	LAI LADITORE	Candidate	Officeholder/Politic	al Committe	ee		n, TX, officeholder liv	ing expense
						Campaign c	บานามนแบท	
	Complete ONLY if direct	Candidate/∩t	ficeholder name	Offic	e sougl	nt	Office	held
	expenditure to benefit C/OI			00	- 25ugi	-	550	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
4 Total marian Calcadida F1.	· · · · · · · · · · · · · · · · · · ·	The state of the s	2 Files ID (Ethics Commission Filess)			
1 Total pages Schedule F1: Sch: 13/14 Rpt: 31/32	2 FILER NAME 3 Filer ID (Ethics Commission Fi Jackson Walker L.L.P. Political Action Committee 00016982					
4 Date	5 Payee name					
12/03/2024	Thompson, Senfronia					
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 10527 Homestead					
Expenditure from corporate funds	Houston, TX 77016	Houston, TX 77016				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution					
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held			
Date	Payee name					
12/10/2024	Troxclair, Ellen					
Amount (\$)	Payee address; City; State	e; Zip Code				
\$1,000.00	701 Hwy 281					
Expenditure from corporate funds	Suite #H196 Marble Falls, TX 78604					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontribution			
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held			
Date 12/04/2024	Payee name Turner, Chris					
Amount (\$) \$1,000.00	Payee address; City; State P. O. Box 182093	e; Zip Code				
Expenditure from corporate funds	Arlington, TX 76095					
PURPOSE	(a) Category (See Categories listed at the top of this sci					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comn		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontribution			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

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: 14/14 Rpt: 32/32	Jackson Walker L.L.P. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00016982
4 Date	5 Payee name
12/10/2024	West, Royce
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	5445 Almeda
Ψ1,000.00	
Expenditure from	Suite 307
corporate funds	Houston, TX 77004
8 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
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Zaffirini, Judith
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1005 Congress Avenue
, ,	Suite 580
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held