FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084625 3 COMMITTEE NAME **OFFICE USE ONLY** Legacy 44 Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4001 Sinclair Ave. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78756 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nicole NAME NICKNAME LAST **SUFFIX** Goitiandia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4001 Sinclair Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2581 MAILING **ADDRESS** Boise, ID 83701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 642-1544 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Legacy 44			00084625	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hubert Vo State Representativ	/e	
(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		
		Б. Орросси		
	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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	48,576.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	221,762.96
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Nicole C	Soitiandia	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

						Page 3 01 23
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ı	_egacy 44				00084625	
,	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gene Wu State Representative	;	
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	1. Candidates (Identify by name or, if applicable, classify by party.)		Armando Martinez State Repre	esentative	
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.)		Royce West 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 4 01 23
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Legacy 44				00084625	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnson 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.)		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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Juan Hinojosa 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.)				

					Page 5 of 23
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Legacy 44				00084625	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Judith Zaffirini State Senator		
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.)		Phil Cortez State Representati	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Gervin-Hawkins 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		•			

					Page 6 01 23
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Legacy 44				00084625	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rafael Anchia 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	1. Candidates	A. Supported	John Bucy State Representative	7	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		oute 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Elizabeth Campos 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.)				

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Legacy 44				00084625	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Vincent Perez State Representa	ative	
	(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.)		Oscar Longoria 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.)		Ray Lopez State 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.)				_

FORM GPAC ADDENDUM

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12	COMMITTEE NAME						13 Filer ID	(E	Ethics	Comn	nission F	ilers)
	Legacy 44						00084625	i				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Christian Manuel State Re	eprese	entative					
	(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported								
			В. Орр	osed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Sergio Munoz State Repre	esenta	ative					
	(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported								
			В. Орр	osed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Linda Garcia State Repres	senta	tive					
	(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	-								
			В. Орр	osed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Legacy 44					00084625	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		James Talarico Stat	e Represent	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				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	Candidates		Jalanda Janas Ctata	Dansaaant	ations	
	ACTIVITY	(Identify by name or, if	A. Supported	Jolanda Jones State	Represent	auve	
		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				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jonathan Gracia Sta	te Represe	ntative	
	(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.)					

12 COMMITTEE NAME Legacy 44 13 Filer ID (Ethics Commission Filers) 00084625	PURPUSE			Page 10 of 23
Legacy 44 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and loation and nature of issue.) A. Supported Cecilia Castellano State Representative Cecilia Castellano State Representative A. Supported B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted	12 COMMITTEE NAME		13 Filer ID	
1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted				,
report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	14 COMMITTEE 1. Candida		tellano State Representative	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
3. Officeholders Assisted				
Assisted		B. Opposed		
((dentity by name or, if applicable, classify by party))	3. Officehe Assiste	olders d		
	(Identify by natapplicable, cla	ne or, if ssify by party.)		

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		11 of 23
17 COMMITTEE NAME : Legacy 44	18 Filer ID 00084625	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	₹	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA- LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$ 48,576.58
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$ 2,479.09
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED	\$

SCHEDULE F1

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

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

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		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 12/23	Legacy 44	00084625
4 Date	5 Payee name	
10/30/2024	AMM Political Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,122.00	507 N Sylvania Ave	
X Expenditure from corporate funds	Fort Worth, TX 76111	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		ive Phone Calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	^H Castellano, Cecilia State Represe	entative District 80
Date	Payee name	
11/04/2024	AMM Political Strategies	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,310.00	507 N Sylvania Ave	
40,010.00	l sor wegivamarwo	
X Expenditure from corporate funds	Fort Worth, TX 76111	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Phone Calls - General GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
11/18/2024	Armando Martinez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1651	
Expenditure from corporate funds	Weslaco, TX 78599	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Primary Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiorare to benefit C/OI	П	

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 13/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Barbara Gervin-Hawkins Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 39602
Expenditure from corporate funds	San Antonio , TX 78218
	1
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/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Timaly Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Carol Alvarado Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 230842
Ψ1,000.00	1 0 BOX 2000-12
Expenditure from	
corporate funds	Houston, TX 77223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Primary Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Data	Development
Date	Payee name
11/18/2024	Christian Manuel Hayes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3801 Turtlecreek Dr.
Expenditure from	Port Arthur, TX 77642
corporate funds	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Filliary Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political

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/Wag	es/Contract Labor	OTHER (enter a	category not listed above)
		e explains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME		:	3 Filer ID	(Ethics Commission Filers)
Sch: 3/9 Rpt: 14/23	Legacy 44			00084625	
4 Date	5 Payee name				
10/29/2024	Compete Digital LLC				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$5,000.00	1317 Potomac Ave SE				
•					
Expenditure from corporate funds	Washington, DC 20003				
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description		
OF EXPENDITURE				utside of Texas. Com	
EXI ENDITORE			_	TX, officeholder living	
					han Gracia Campaign:
			Digital Ad Buy		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	t	Office he	eld
Date	Payee name				
10/28/2024	Education Reform Now Advoc	acv			
Amount (\$)		State; Zip Code			
\$3,644.58	718 7th Street, NW				
Expenditure from					
corporate funds	Washington, DC 20001				
PURPOSE	(a) Category (See Categories listed at the to	on of this schedule) (b) Description		
OF	Salaries/Wages/Contract Labo			utside of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin,	TX, officeholder living	expense
			Reimburseme	nt, Staff Time	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	t	Office he	eld
expenditure to benefit C/Oi					
Date	Payee name				
11/18/2024	Elizabeth Campos Campaign				
Amount (\$)	Payee address; City;	State; Zip Code	1		
\$1,000.00	1028 Rigsby Ave	otate, zip code			
\$1,000.00	1026 Rigsby Ave				
Expenditure from	San Antonio, TX 78210				
corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the to) Description		
EXPENDITURE	Contributions/Donations Made		<u> </u>	utside of Texas. Com TX, officeholder living	
	Candidate/Officeholder/Politica	ai Committee	Primary Contr	-	expense
			. Illiary Colla	ibation	
0 1. 6	0 111 105				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	t	Office he	eid
onponditure to beliefit 6/01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (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: 4/9 Rpt: 15/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Gene Wu Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5522 Jessamine Street
Expenditure from corporate funds	Houston, TX 77081
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
	Primary Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2227
\$1,000.00	FO BOX 2221
Expenditure from	Aliof TV 77411
corporate funds	Alief, TX 77411
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
	Primary Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 15207
, —, · · · · · · ·	
Expenditure from corporate funds	Austin, TX 78761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Primary Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
3p 223 to 20 0/0/	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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		mmittee	Legal Services	onais Expense	Salaries/		se s/Contract Labor		OTHER (enter a	istrict a category not listed	above)
	Credit Card Payment			The Instruction	n Guide expl	ains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 5/9 Rpt: 16/23		Legacy 44						(00084625		
4	Date	5	Payee name					•				
	11/18/2024		John Bucy (Campaign								
6	Amount (\$)	7	Payee addres	ss; City;	S	state; Zip Co	ode					
	\$1,000.00		6633 E Hwy	290 #104								
	Expenditure from corporate funds		Austin, TX 7	8723								
8	PURPOSE	(a)	Category (Se	o Cotogorios listo	d at the ten of th	is sobodulo)	(b)	Description				
	OF	``	Contribution			is scriedule)	()		utsid	e of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Candidate/C			mmittee		Check if Austin, T	TX, c	officeholder living	g expense	
								Primary Contril	ibu	tion		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder nam	e	Office sou	ıght			Office h	eld	
	Date	Π	Payee name									
	12/12/2024		Jolanda Jon	es Campaio	nr							
	Amount (\$)	┝	Payee addres			State; Zip Co	nde					
	\$500.00		10709 Mars		9	naic, zip ci	Juc					
	Ψ500.00		10703 Mais	na Lane								
	Expenditure from corporate funds		Houston, TX	77024								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Contribution		,						nplete Schedule T.	
			Candidate/C	micenolaer/	Political Co	mmillee		Check if Austin, T			g expense	
	Complete ONLY if direct		Candidate/Offic	eholder nam	<u></u>	Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/O						9					
	Date		Payee name									
	11/18/2024		Juan Hinojo	sa Campaig	ın							
	Amount (\$)		Payee addres	ss; City;	S	state; Zip Co	ode					
	\$1,500.00		PO Box 142	1								
	Expenditure from corporate funds		Austin, TX 7	8767								
	PURPOSE OF	(a)	Category (Se			is schedule)	(b)	Description				
	EXPENDITURE		Contribution								nplete Schedule T.	
			Candidate/C	micenolaer/	rondcal Co	mmuee		Check if Austin, T			y cyheilae	
									u			
	Complete ONLY if direct	L(Candidate/Offic	eholder nam	e	Office sou	<u>l</u> Jaht			Office h	eld	
	expenditure to benefit C/O				-	200 300				- moo 11		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

bursement Solicitation/Fundraising Expense
Il Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ott Labor 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: 6/9 Rpt: 17/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Judith Zaffirini Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 627
Expenditure from corporate funds	Laredo, TX 78042
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	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Primary Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/14/2024	Legislative Study Group
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 12943
Ψ3,000.00	1 O BOX 12340
X Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	2024 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Linda Garcia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1908 Haddock Drive
\$1,000.00	1900 Haddock Dilve
Expenditure from corporate funds	Mesquite, TX 75149
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Primary Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 18/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Nathan Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367-0994
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
	Primary Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Oscar Longoria Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 4224
\$2,000.00	1 0 Box 122 1
Expenditure from corporate funds	Mission , TX 78573
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
	Filliary Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
11/18/2024	Phil Cortez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 276155
Expenditure from corporate funds	San Antonio, TX 78227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Primary Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	•

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 19/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Rafael Anchia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 4468
Expenditure from	
corporate funds	Dallas, TX 75208
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/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/18/2024	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2910
Expenditure from	
corporate funds	Austin, TX 78852
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 Primary Contribution
	Time y continued
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	·
Date	Payee name
11/18/2024	Royce West Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	320 S R.L. Thornton Fwy
	Ste 220
Expenditure from corporate funds	Dallas, TX 75203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Filliary Continuutori
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

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: 9/9 Rpt: 20/23	Legacy 44 00084625
4 Date	5 Payee name
11/18/2024	Sergio Muñoz Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1110 S. Closner
Expenditure from corporate funds	Edinburg, TX 78539
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Primary Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Texas House Democratic Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 12453
Ψ2,300.00	FO BOX 12433
Expenditure from corporate funds	Austin, TX 78711
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
	2024 Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/18/2024	Vincent Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	649 Londonderry Rd
Expenditure from corporate funds	El Paso, TX 79907
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Filliary Continuation
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3	

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Legacy 44	3 Filer ID (Ethics Commission Filers) 00084625
· ·		00004023
4 Date 10/29/2024	5 Payee name Amalgamated Bank	
6 Amount (\$)		
6 Amount (\$) 82.00	7 Payee Address; City; State; Zip 1565 K St NW	
Expenditure from corporate funds	Washington , DC 20016	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Accounting/Banking	Bank Fees
EXPENDITURE		
Date	Payee name	
11/27/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
188.50	1565 K St NW	
Expenditure from		
corporate funds	Washington , DC 20016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Bank Fees
EXPENDITORE		
Date	Payee name	
12/30/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
32.25	1565 K St NW	
Expenditure from		
corporate funds	Washington , DC 20016	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•
EXPENDITURE	Accounting/Banking	Bank Fees
Date	Payee name	
11/08/2024	Intuit	
Amount (\$)	Payee Address; City; State; Zip	
35.00	2700 Coast Ave	
Expenditure from	Mayotain View CA 04042	
corporate funds	Mountain View, CA 94043	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	·
EXPENDITURE	Accounting/Banking	Software Subscription

SCHEDULE I

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Legacy 44	3 Filer ID (Ethics Commission Filers) 00084625			
4 Date 12/09/2024	5 Payee name Intuit				
6 Amount (\$) 35.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Software Subscription			
Date 12/30/2024	Payee name Intuit				
Amount (\$) 35.00 Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Software Subscription			
Date 10/28/2024	Payee name Vibe.co				
Amount (\$) 0.54 Expenditure from corporate funds	Payee Address; City; State; Zip 1700 W Irving Park Rd Ste 302 Chicago, IL 60613				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Account Verification Fee			
Date 11/04/2024	Payee name Zintzo Consulting Co.				
Amount (\$) 1,038.00 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 2581 Boise, ID 83701				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Compliance Services			

NON-POLITICAL EXPENDITURES

	MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I						
		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Legacy 44 Siler ID (Ethics Commission Filers) 00084625					
4	Date 12/03/2024	5 Payee name Zintzo Consulting Co.					
6	Amount (\$) 1,032.80 Expenditure from	7 Payee Address; City; State; Zip PO Box 2581					
8	J corporate funds PURPOSE OF EXPENDITURE	Boise, ID 83701 (a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) Compliance Services					