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) 00054177 3 COMMITTEE NAME **OFFICE USE ONLY Texas Our Texas** Date Received **ELECTRONICALLY FILED** 01/05/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 426 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jill Ms. NAME NICKNAME LAST **SUFFIX** Brown STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2517 Pecos STREET **ADDRESS** (Residence or Business) Austin, TX 78703 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 426 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 426-5781 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)
Texas Our Texas			00054177	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Charles Perry State Sena	ator	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	54,958.63
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		· · · · · · · · · · · · · · · · · · ·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Jill	l Brown	
		Signature of Car	npaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tr	is the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Our Texas				00054177	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ashby Trent State Represe	entative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Carol Alvarado State Sena	tor	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Kelly Hancock State Senat	cor	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Our Texas				00054177	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ken King State Representa	ative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Philip Cortez State Repres	entative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Juan Hinojosa State Senat	cor	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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			13 Filer ID	(Ethics Commission Filers)
			00054177	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	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.)		Rep. Ryan Guillen State Repres	sentative	
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Vince Perez State Represe	entative	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	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		Rep. Greg Bonnen State Repre	sentative	
	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	Candidates (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 4. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Supposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Supposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures Obscribe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Ryan Guillen State Representative Rep. Ryan Guillen State Representative 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported 3. Officeholders Assisted A. Supported B. Opposed A. Supported Seconds of election and nature of issue.) B. Opposed A. Supported Seconds of election and nature of issue.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMITTEE NAME Texas Our Texas	18 Filer ID 00054177	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	JTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION	ION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FRO	OM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR	LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATIO ORGANIZATION	N OR LABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION	OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CO	NTRIBUTIONS	\$ 3,750.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL (CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL (CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	FRIBUTIONS RETURNED	\$
		,

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 1/4 Rpt: 7/10	Texas Our Texas 00054177
4 Date	5 Payee name
12/10/2024	Representative Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	P. O. Box1183
Expenditure from	
corporate funds	Friendswood, TX 77549
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Power name
	Payee name
12/04/2024	Representative Ken King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
12/04/2024	Representative Philip Cortez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	P. O. 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 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/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (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: 2/4 Rpt: 8/10	Texas Our Texas 00054177
301. 2/4 Kpt. 6/10	Texas Our Texas
4 Date	5 Payee name
12/10/2024	Representative Ryan Guillen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	P. O. Box 1024
Ψ000.00	1 . O. BOX 1024
Expenditure from	
corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-l
Date	Payee name
12/03/2024	Representative Trent Ashby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	P. O. Box 412
, , , , , ,	
Expenditure from	L (II.) TV 75000
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
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Dayee name
12/03/2024	Payee name Senator Caral Alvarada Campaign
12/03/2024	Senator Carol Alvarado Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P. O. Box 230842
Expenditure from corporate funds	Houston, TX 77223
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
	Sampaign Sambadan
Commission CAULY if allowing	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	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: 3/4 Rpt: 9/10	Texas Our Texas 00054177				
4 Date	5 Payee name				
11/13/2024	Senator Charles Perry Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	P. O. Box 94806				
Expenditure from corporate funds	Lubbock , TX 79493				
8 PURPOSE					
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry 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	1				
Date	Payee name				
12/10/2024	Senator Chuy Hinojosa Campaign				
Amount (\$)					
\$500.00	1508 Lone Star Way, Ste. 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				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experientare to benefit 6/61	<u> </u>				
Date	Payee name				
12/04/2024	Senator Kelly Hancock Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P. O. Box 821349.				
Expenditure from corporate funds	North Richland Hills, TX 76182				
PURPOSE					
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry 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				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 10/10	Texas Our Texas		00054177
4 Date	5 Payee name		
12/10/2024	Vince Perez Campaign		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$250.00	P. O. Box 71309		
Expenditure from			
corporate funds	El Paso, TX 79917		
8 PURPOSE OF	(a) Category (See Categories listed at the top of		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political C	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Candidate/Onicendiden/Political C	Campaign Co	
		Jam.pang. Ci	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office held