

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00037120	2 Total pages filed: 49
3 COMMITTEE NAME Sabine Pilots		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/08/2025	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2605 Jimmy Johnson Blvd Port Arthur, TX 77640	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Virginia NICKNAME LAST SUFFIX Sonnier	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2605 Jimmy Johnson Blvd Port Arthur, TX 77640	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5148 W. Parkway St. Groves, TX 77619-2940	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (409) 722-3126	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Sabine Pilots	13 Filer ID (Ethics Commission Filers) 00037120
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. 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
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,969.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Virginia Sonnier

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Sabine Pilots		18 Filer ID (Ethics Commission Filers) 00037120
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,200.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 50,700.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/34 Rpt: 4/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kindell (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Port Neches, TX 77651	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kindell (Capt.) <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kindell (Capt.) <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kindell (Capt.) <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnaud, Craig (Capt.) <hr/> Contributor address; City; State; Zip Code Nederland , TX 77627	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnaud, Craig (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Nederland , TX 77627	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnaud, Craig (Capt.) <hr/> Contributor address; City; State; Zip Code Nederland , TX 77627	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnaud, Craig (Capt.) <hr/> Contributor address; City; State; Zip Code Nederland , TX 77627	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bammert, Tommy (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bammert, Tommy (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/34 Rpt: 6/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bammert, Tommy (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bammert, Tommy (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bancroft, Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bancroft, Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bancroft, Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/34 Rpt: 7/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bancroft, Charles (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Universal City, TX 78148	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Duane (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOT
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Duane (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOT
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Duane (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOT
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Duane (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/34 Rpt: 8/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrnes, David (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrnes, David (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrnes, David (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrnes, David (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROREY, HUNTER (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) marine pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/34 Rpt: 9/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROREY, HUNTER (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77705	
8 Principal occupation / Job title (See Instructions) marine pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROREY, HUNTER (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) marine pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROREY, HUNTER (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) marine pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caillouet, Kerry (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caillouet, Kerry (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/34 Rpt: 10/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caillouet, Kerry (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Orange, TX 77630	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caillouet, Kerry (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/34 Rpt: 11/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jason (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford , Tyler (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77632	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford , Tyler (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77632	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford , Tyler (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77632	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford , Tyler (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77632	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/34 Rpt: 12/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, William (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77713	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, William (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, William (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, William (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Gary (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/34 Rpt: 13/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Gary (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Orange, TX 77630	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Gary (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Gary (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Marine Pilkot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Michael (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77713	
8 Principal occupation / Job title (See Instructions) Marine Pilkot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Marine Pilkot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiore, James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiore, James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiore, James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/34 Rpt: 15/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiore, James (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie , Jacob (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie , Jacob (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie , Jacob (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie , Jacob (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/34 Rpt: 16/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge, Brent (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge, Brent (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge, Brent (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge, Brent (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Andrew (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code BEAUMONT, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Andrew (Capt.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code BEAUMONT, TX 77706		
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Andrew (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code BEAUMONT, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Andrew (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code BEAUMONT, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haight, Michael (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Nederland , TX 77627		
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haight, Michael (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Nederland , TX 77627		
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/34 Rpt: 18/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haight, Michael (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Nederland , TX 77627	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haight, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland , TX 77627	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansley, Adam (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur , TX 77640	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansley, Adam (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur , TX 77640	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansley, Adam (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Arthur , TX 77640	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/34 Rpt: 19/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansley, Adam (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Arthur , TX 77640	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Kenneth (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Kenneth (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Kenneth (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Kenneth (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kivela , James (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77705	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kivela , James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kivela , James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kivela , James (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucharski, Stephen (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/34 Rpt: 21/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucharski, Stephen (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilot
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucharski, Stephen (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucharski, Stephen (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagrappe, Chad (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagrappe, Chad (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/34 Rpt: 22/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagrappe, Chad (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagrappe, Chad (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahaye Jr., Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahaye Jr., Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahaye Jr., Charles (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/34 Rpt: 23/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahaye Jr., Charles (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKOIN , JOSHUA (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code PORT ARTHUR, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOTS
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKOIN , JOSHUA (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code PORT ARTHUR, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOTS
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKOIN , JOSHUA (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code PORT ARTHUR, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOTS
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKOIN , JOSHUA (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code PORT ARTHUR, TX 77640	
Principal occupation / Job title (See Instructions) MARINE PILOT		Employer (See Instructions) SABINE PILOTS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/34 Rpt: 24/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Landon (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Port Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Landon (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Landon (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm , Landon (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Gregg (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Gregg (Capt.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77713		
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Gregg (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77713		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Gregg (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77713		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Jody (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Groves, TX 77619		
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Jody (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Groves, TX 77619		
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/34 Rpt: 26/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Jody (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Groves, TX 77619	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Jody (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHaney, Ryan (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHaney, Ryan (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHaney, Ryan (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/34 Rpt: 27/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHaney, Ryan (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/34 Rpt: 28/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Orange, TX 77630	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Wesley (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/34 Rpt: 29/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Wesley (Capt.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Nederland, TX 77627		
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Wesley (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Wesley (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescod, Joel (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescod, Joel (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/34 Rpt: 30/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescod, Joel (Capt.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77705		
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescod, Joel (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77705		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Port Neches, TX 77651		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Port Neches, TX 77651		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Port Neches, TX 77651		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/34 Rpt: 31/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders , Robert (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches , TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders , Robert (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches , TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders , Robert (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches , TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders , Robert (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Neches , TX 77651	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/34 Rpt: 32/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bridge City , TX 77611	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilot Association
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Joseph (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/34 Rpt: 33/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Joseph (Capt.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Joseph (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Joseph (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Brian (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Brian (Capt.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/34 Rpt: 34/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Brian (Capt.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bridge City , TX 77611	
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Brian (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City , TX 77611	
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Edward (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Edward (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Edward (Capt.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/34 Rpt: 35/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Edward (Capt.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Groves, TX 77619		
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tweedel, Charles (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tweedel, Charles (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tweedel, Charles (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tweedel, Charles (Capt.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/34 Rpt: 36/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Gina (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont , TX 77706	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Marine Pilot		9 Employer (See Instructions) Sabine Pilots
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Gina (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont , TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Gina (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont , TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Gina (Capt.) <hr/> Contributor address; City; State; Zip Code Beaumont , TX 77706	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marine Pilot		Employer (See Instructions) Sabine Pilots
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen (Capt.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/34 Rpt: 37/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen (Capt.) <hr/> 6 Contributor address; City; State; Zip Code Orange, TX 77630	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Branch Pilot		9 Employer (See Instructions) Sabine Pilot Association
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen (Capt.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot Association
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen (Capt.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Branch Pilot		Employer (See Instructions) Sabine Pilot Association

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 38/49

2 FILER NAME
Sabine Pilots

3 Filer ID (Ethics Commission Filers)
00037120

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 39/49
2 FILER NAME Sabine Pilots		3 Filer ID (Ethics Commission Filers) 00037120
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 40/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/15/2024	5 Payee name ABBOTT, GREGG (The Honorable)	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 308 Austin , TX 78767	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Alvarado, Carol (Sen.)	Office sought State Senator District 6
Date 11/26/2024	Payee name Alvarado, Carol (Sen.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 230842 Houston, TX 77233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Alvarado, Carol (Sen.)	Office held State Senator District 6
Date 11/26/2024	Payee name Ashby, Trenty (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 412 Lufkin , TX 75902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ashby, Trent (Rep.)	Office held State Representative District 9

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 41/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name Burrows, Dustin (Rep.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 2569 Lubbock, TX 79408	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burrows, Dustin (Rep.)	Office sought State Representative District 83
		Office held State Representative District 83
Date 11/26/2024	Payee name Canales, Terry (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 730 Premont, TX 78675	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Canales, Terry (Rep.)	Office sought State Representative District 40
		Office held State Representative District 40
Date 11/26/2024	Payee name Capriglione, Gio (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 92007 Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Capriglione, Gio (Rep.)	Office sought State Representative District 98
		Office held State Representative District 98

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 42/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120	
4 Date 11/26/2024	5 Payee name Creighton, Brandon (Sen.)		
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 W Loop South # 2640 Houston , TX 77027		
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Creighton, Brandon (Sen.)	Office sought State Senator District 4	Office held State Senator District 4
Date 11/26/2024	Payee name Echardt, Sarah (Sen.)		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 301586 Austin, TX 78703		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Eckhardt, Sarach (Sen.)	Office sought State Senator District 14	Office held State Senator District 14
Date 11/26/2024	Payee name Gamez, Erin (Rep.)		
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 777 E Harrison St Brownsville, TX 78520		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gamez, Erin (Rep.)	Office sought State Representative District 38	Office held State Representative District 38

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 43/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name Hancock, Kelly (Sen.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 821449 North Richland Hills, TX 76182	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hancock, Kelly (Sen.)	Office sought State Senator District 9
		Office held State Senator District 9
Date 11/26/2024	Payee name Harris, Caroline (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris, Caroline (Rep.)	Office sought State Representative District 52
		Office held State Representative District 52
Date 11/26/2024	Payee name Huffman, Joan (Sen.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3733-1 Westheimer #40 Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Huffman, Joan (Sen.)	Office sought State Senator District 17
		Office held State Senator District 17

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 44/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name King, Phil (Sen.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 1913 Weatherford , TX 76182	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name King, Phil (Sen.)	Office sought State Senator District 10
		Office held State Senator District 10
Date 11/26/2024	Payee name Landgraf, Brooks (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 13146 Odessa, TX 79768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Landgraf, Brooks (Rep.)	Office sought State Representative District 81
		Office held State Representative District 81
Date 11/26/2024	Payee name Lujan, John (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 14479 San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lujan, John (Rep.)	Office sought State Representative District 118
		Office held State Representative District

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
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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/10 Rpt: 45/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4	Date 11/26/2024	5 Payee name Manuel, Christian	
6	Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3801 Turtle Creek Dr. Port Arthur, TX 77642	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Manuel, Cristian (Rep.)	Office sought State Representative District 22
	Date 11/26/2024	Office held State Representative District 22	
	Payee name Martinez, Armando (Rep.)		
	Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 1651 Weslaco, TX 78599	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Martinez, Armando (Rep.)	Office sought State Representative District 39
	Date 11/26/2024	Office held State Representative District 39	
	Payee name Miles, Borris (Sen.)		
	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5302 Alameda Rd Houston , TX 77005	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribtion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Miles , Borris (Sen.)	Office sought State Senator District 13
	Date	Office held State Senator District 13	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 46/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name Nichols, Robert (Sen.)	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O box 2347 Jacksonville, TX 75766	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ordaz, Claudia (Rep.)	Office sought State Representative District 79
Date 11/26/2024	Payee name Ordaz, Claudia (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 71738 El Paso, TX 79917	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ordaz, Claudia (Rep.)	Office held State Representative District 79
Date 11/26/2024	Payee name PATRICK, DAN (The Honorable)	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 685085 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Patrick, Dan (The Honorable)	Office held Lieutenant Governor

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 47/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name Parker, Tan (Sen.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 271741 Flower Mound, TX 75027	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Tan (Sen.)	Office sought State Senator District 12
	Office held State Senator District 12	
Date 11/26/2024	Payee name Patterson, Jarad (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 5419 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Patterson, Jared (Rep.)	Office sought State Representative District 11
	Office held State Representative District 11	
Date 11/26/2024	Payee name Perez, Mary Ann (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 262432 Houston, TX 77207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Perez, Mary Ann (Rep.)	Office sought State Representative District 144
	Office held State Representative District	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 48/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 11/26/2024	5 Payee name Perry, Charles (Sen.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 94806 Lubbock, TX 79493	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Perry, Charles (Sen.)	Office sought State Senator District 28
		Office held State Senator District 28
Date 11/26/2024	Payee name Phelan, Dade	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 78763 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Phelan, Dade	Office sought State Representative District 21
		Office held State Representative District 21
Date 11/26/2024	Payee name Romero, Ramon (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 181 Fort Worth, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Romero, Ramon (Rep.)	Office sought State Representative District 90
		Office held State Representative District 90

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 49/49	2 FILER NAME Sabine Pilots	3 Filer ID (Ethics Commission Filers) 00037120
4 Date 08/09/2024	5 Payee name Schwertner, Charles (The Honorable)	
6 Amount (\$) \$1,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 12068 Capital Station Austin, TX 78711	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walle, Armando (Rep.)	Office sought State Representative District 140
Date 11/26/2024	Payee name Walle, Armando (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4101 Washington Ave Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walle, Armando (Rep.)	Office held State Representative District
Date 11/26/2024	Payee name West, Royce (Sen.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 S. R L Thornton Fwy #220 Dallas, TX 75203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name West, Royce (Sen.)	Office held State Senator District 23